BINDIN

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronie interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V B					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
------------	-------	-----	---------	------------	----	----------	---

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Yaar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	ADD 5 ingo	1915 *	Attack of epilepsy	1 week ago	
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	RUPBAUTS	July 5,1927	Peritonitis	3 days ago	
		ě.		1111	
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1928	Gastroenteritis	1 year	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	7/4	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ż

PA.

оссо		County	1	الما) (
Jo		Village or Ci	ity_/_V		94
Exact statement	2. F	Length of residential Residential	ME		where
act		PERSON	AL AN	D STA	TIST
	3. SEX	aule	4. COLO	R OR RA	CE
properly classified. certificate.	5a. If m HU (o	narried, widow JSBAND of r) WIFE of	ed, or divo	rced	~
y c	6. DAT	E OF BIRTH	month, day	, and year	r) /h
roperl	7. AGE	Yea	rs	Мо	nths
may be back of	3 8	kind of w SAWYER, Industry or work was SAW MIL	business In done, as S L, BANK, e	which ILK MILI Itcked at	
, so that it uctions on	12. BIR	THPLACE (cit		n	4
USE OF DE TH in plain terms,	17. INF	BIRTHPLACE (State or MAIDEN NA: BIRTHPLACE (State or ORMANT (Address) RIAL, CREMAT Place	(city or to country)	ed:	My E
CAU	19. UNI	DERTAKER (Address)	h.	-	- July
	20 544	MAGA	27.	.23	ma

	CERTIFICATE OF DEATH 02883
1. PLACE OF DEATH	PROPERTY LIMITS OF Project ation Diet No. 14/
County	Registration Dist. No.
Village or City / There Swell	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Surge	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
mr97 /33	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h; death is said to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stev Boat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
11. Total time (years) this occupation (month and year)	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	Office Courses of Amportance.
(State or country)	
13. NAME Jours of Juger	
13. NAME 13. NAME 14. BIRTHBLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TOLDIS Constitution of the House (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT Janes R. Barges (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 1983, 1983	Nature of injury
19. UNDERTAKER THE CALL BELLEVILLE (Address) Benedick Control of the Pecks of the P	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Mar 27, 1933 Mrs. H.S. Hedgels	(Signed) Arm M.D. (Address) Brewswet M.A.
N Ristrar.	" (Mulloss)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes Date of onset of importance were as follows: Arteriosclerosis			Example II			
			The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
Chronic interstitial nephritis	1000	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	TAN 0 1929	July 5,1927	Peritonitis	3 days ago		
	BUREAU V.	S.				
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
				-		

The Sales of the Sales			

6	69	()	0	18
0	4	0	C	4

man	04007
(93-c)	12 ~
	Registration Dist. No. 135
	St., Ward
curred in a hospital or institution	, give its NAME instead of street and number)
	reign birth?ds.
1.10	
OLGO LA	
Ward.	*******************************
	If nonresident give city or town and State
MEDICAL CER	RTIFICATE OF DEATH
ATE OF DEATH	2 , 22 2
//	Tuck 29 ,193 0
	Month) (Day) (Year)
. I HEREBY	CERTIFY, That I attended deceased from
Aug 10	32, 10 march 29, 1933
saw h_&& alive on	
	7720-1
e occurred on the date stated a	
RINCIPAL CAUSE OF DEATH a as follows:	and related causes of importance
0	Oats ol onsst
i ore bal	Henery have
Lyocara	1 /s by Coronid
dura	tion: unhown. Oug
	- 40/
Contributory Causes of importa	nce:
(/	
Denifity	
arterio 12	elen 4 Si S
of operation	Oate of
est confirmed diagnosis?	Was there an autopsy?
eath was due to external causes	(VIOLENCE) fill In also the following:
nt, suicide, or homicide?	Date of injury, 19
did injury occur?	
	(Specify city or town, county and State)
y whether injury occurred in in	IOUSTRY, In HOME, or in PUBLIC PLACE.
er of injury	
of injury	
disease or Injury in any May	related to occupation of deceased?
specify	//11/1
Signed) Signed	1 b. / // / / / / / / / / / / / / / / / /
ngined)	and fill lefter med

11467 Salle

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Nov 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TITODYTICATION	OI TION	TOIL	T. O IV T YELLING	O T 17 T TANK TANK TO	1.7 1.	T TT T DYOTATA

(Addressi

20. FILED.

2 VHarlem (Usual place of abode)	GRUNE Ward. Sale of the City of town and State
ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Match 14, 198 3 (Year)
Days If LESS than 24 or min.	I HEREBY CERTIFY. That I attended deceased from March 4, 19 33, to March 14, 19 33 I last saw h. March 13, 19 3.3, death Is said to have occurred on the date stated above, at 6: 20 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Mayor Cardial Language Date of onset
11. Total time (years) spant in this occupation	
ryland. Barou aryland.	Other Contributory Causes of importance: Pulmonary Tulkrulosis Name of operation Date of
e Louman	What test confirmed diagnosis? Was there en au opsy? 100 23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? 19
rou (on admissi	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
· Date Imburna	Manner of injury
Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) At a te Sana for ithin M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If more

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE	OF	MARYLAND-	-CERTIFICA	TE (OF	DEATH
		***************************************	0211111101			

02886

1. PLACE OF DEATH	(&)
County frederich	Registration Dist. No. 144
Village or City Moseulandal	No. St Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
1 1 - 110	osds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME premature & hell	com engant Bulgher
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR/OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH- And
male while OR DIVORCED (write the word)	prior to than 1" 199 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
M 19 19 22	19, to
6. DATE OF BIRTH (month, day, and year) Man 1 9 3 3 7. AGE Years Months Devs If LESS than	I last saw h; death is said
7. AGE Years Months Deys If LESS than 1 dayhrs	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	green and margarised
SAW MILL, BANK, etc	
spant in this	
	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) 1/4 (2) (State or country)	
7	
H	
(Stata or country)	Name of operation Date of
15. MAIDEN NAME Man Hela Barrel	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME May Helen Bangles 16. BIRTHPLACE (city or town) - Hough Con Set 1	23. If death was due to external causes (VIOL ENCE) fill in also the following:
ON 16. BIRTHPLACE (city or town) - Fruch Cs - 200 - 100 (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Mary a E. Banker	(Specify city or form county and Chank
(Address) fire lenel (8). und-	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Mountaindall Date 6 10 - 1 1933	Nature of injury
19. UNDERTAKER Mary St. E. Baugher (girl'	24. Was diseesa or injury in any way related to occupation of deceased?
(Address) brederick Md. R.3	If so, specify A
20. FILED Mar. 1 1933 Anna M. Jones	(Signed) Morris W.D. M. D.
Registrat.	(Address) of humanouf Hed,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ризран у я			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MADVI AND CEPTIFICATE OF DEATH

	ACE OF DEAT				
County Frederick					Registration Dist. No. 13/
	llage or City Fr	ederick by or town where d	death occurred_3	ry (16	St, death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. if of foreign birth? yrs. mos.
(a	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	437 W. S	outh St. (Usual place	of abode)	St., Ward. If nonresident give city or town and State
	ERSONAL AN		ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Femal		R OR RACE	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH March 20, 193
HUSI	ried, widowed, or divo BAND of WIFE of	ward Ben	tz		22. I HEREBY CERTIFY. That t attended theceese Man 17 1933 to Me are 17019
6. DATE (OF BIRTH (month, day	, end year) S	ept. 24.	1874	I last saw h alive on Mas, 20, 19.33 death
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 6 . 30P . m.
	58	5	26	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were is follows:
		thand 3/3	SDS	of in this 36	
	Yeer)	Marylan	000	time (years) oot in this 36 upation	Dther Contributory Castles of Importance:
(\$	IPLACE (city or town).	No rvil a n	000	time (years) 36 upation	Diher Contributory Castes of imposses on the contributory Castes of imposses on the caste of the caste on the
(\$	IPLACE (city or town).	Harylan Hachter.	d	(ime (years) oot in this 36 upation	Name of operation. ATCL Date of.
(S ## 13. No.	yeer) IPLACE (city or town). Itate or country) AME Uriah IRTHPLACE (city or to (State or country)	Harylan Hachter.	d and	(ime (years) 76 ort in this 76 upation	Name of operation ATCL Date of
(S ## 13. No.	JPLACE (city or town). IPLACE (city or town). IRTHPLACE (city or to (State or country)	Marylan Wachter. Warylan Warylan Warylan Warylan	d and	(ime (years) oot in this 36 upation	Name of operation
(S 23 13. N. 14. BI 15. M. 16. BI 17. INFOR	JPLACE (city or town). IPLACE (city or town). IRTHPLACE (city or to (State or country) AIDEN NAME IRTHPLACE (city or to (State or country) MANT Lam	Marylan Wachter. Warylan Warylan Warylan Warylan	and lartz r land E. Bentz	upation	Name of operation. Date of. What test confirmed diagnosis? Was there en autopsy? 23. If death was due to externel causes (VIOLENCE) fill In also the following:
(S 13. N. 14. Bi 15. M. 16. Bi 17. INFOR (A 18. BURIA	JEPLACE (city or town). AME Uriah IRTHPLACE (city or to (State or country) AIDEN NAME IRTHPLACE (city or to (State or country) MANT In Leaddress) L, CREMATION, OR R	Marylan Wachter. Waryl arrietta Werence ederick,	and lartz	u pation	Name of operation
(S 23 13. N. 14. Bl 15. M. 16. Bl 17. INFOR (A 18. BURIA Pic	JEPLACE (city or town). INTERPLACE (city or town). INTHPLACE (city or tow	Marylan Wachter. Waryl arrietta Werence ederick,	and Lartz Fland E. Bentz Md. d Dete March	u pation	Name of operation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory eauses of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

FOR BINDING

MARGIN RESERVED

71	UZ	of	
- While I hamed, with Ontabling that I his is a terminent abound, wery he	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS S.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
TITO O	Y. PH	Exact	
ALLES ALLES AND ALLES	SXACTL	classified.	4)
77 77 27	stated E	properly	TION is very important. See instructions on back of certificate.
CIT	pe	pe	Jo
	plnous	it may	n back
TI DATE	AGE	o that	tions o
CITTAIN	upplied.	terms, s	instruc
11 7 7 1/	fully sa	n plain	nt. See
TATE OF	be care	ATH in	mporta
TATE I	plnous	OF DE	very i
TITIT A	mation s	CAUSE	TION is

STATE OF MARYLANI	D-CERTIFICATE OF DEATH 03438
	Registration Diet No. 131
County Frederick	Megistration Dist. Mo.
Village or City near Utica	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stillborn Berry	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wo	
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended decoesed from
	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) March / 193 7. AGE Years Months Days If LESS to 1 day,	than to have occurred on the date stated ebove, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	Stillborn
O 10. Date deceased last worked at this occupation (month and year) this occupation (month and occupation occupation occupation	
12. BIRTHPLACE (city or town) Md • (State or country)	Other Contributory Causes of importance:
Lee Berry	
13. NAME Lee Berry 14. BIRTHPLACE (city or town) Stay ley, lage Ca (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
# 15. MAIDEN NAME Weda Ester Berry	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Weda Ester Berry 16. BIRTHPLACE (city or town) Charles town (State or country) W. Va.	Accident, suicide, or homicide?
17. INFORMANT LIEU Berry (Address) Utica Ma	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PlaceDate, IS	9 Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased? If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of mirer ance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTI	ER STATEMENTS BY PHYSICIAL
----------------------------	----------------------------

1	County Frederick Village or City Frederick Length of residence in city or town where			Registration Dist. No. / 2 / = No. St., Ward eath occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2	. FULL NAME Margaret L (a) Residence: No. 323 N. Re			St., Ward. If nonresident give city or town and State
	PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. S	emale White	5. SINGLE, MARR OR DIVORCED Single	RIED, WIDOWED, (write the word)	21. DATE OF DEATH Narch 26, 193 5 (Month) (Day) (Year)
	If married, widowed, or divorced HUSBAND of (or) WIFE of	4 100	7 17	22. I HEREBY CERTIFY, That I attended deceased from March 21, 1933, to March 26, 1973; death is sall last saw hour alive on The Control 26, 1973; death is sall
7. A		Days 24	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 1 e 1 OA em. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of one
OCCUPATION 12.	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, SAW MILL, shall, shall, etc. 10 Date deceased last worked at this occupation (month and year) BIRTHPLACE (city or town) (State or country)	11. Total tir speo occup	me (years) tin this pation	Other Contributory Canses of importance:
FATHER	13. NAME Victor L. Thom 14. BIRTHPLACE (city or town) (State or country)			Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Isabelle Boone 16. BIRTHPLACE (city or town) Maryland (State or country) 17. INFDRMANT (Address) 3231. Pente St., Frederick, Id.			i ole. Ma	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place iddle con, down, down, Date larch 26, 19 53.				Manner of injury
19.	UNDERTAKER A. Ttobiso (Address) Frederick, Interest of the Property of the Pro	n & Son	elud Registrar	24. Was disease or injury in any way related to occupation of deceased? If se, specify (Signed) (Address) M. (Address)

If more blanks are needed, address State Resistrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

₍₋ E)	ample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ADD 5 1072	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURFAU V. S	July 5,1927	Peritonilis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PA	IISICIAN
		•

DEPENDENT OF ANY MAD BY DESIGNATION OF A PROPERTY OF A PRO

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH Registration Dist. No. 13/= OCCI Jo should item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. it of foraign birth?_____yrs.____mos.____ds statement (a) Residence: No RECORD. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) (Year) classified 5a. If marriad, widowad, or divorced HUSBAND of I HEREBY CERTIFY. That I attanded daceesad from 22. (or) WIFE of 60 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Years Months If LESS than Days to have occurred on the date stated above, at_____ stated The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. wera as follows: Date of onset 8. Trada, protassion, or particular OCCUPATION kind ot work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. may back Andustry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (yaars) spent in this this occupation (month and that occupation instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town (Stata or country) ER 13. NAME FATH See Name of operation_ 14. BIRTHPLACE (city or town plain (State or country) What tast confirmed diagnosis? Was thera an autopsy? .- 1/a. refully MOTHER 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill In also the tollowing: DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT very should OF (Address) Mannar ot injury CAUSE mation Natura of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signad) 20. FILED 25 bracel 198 Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regulating U. S. No. 1.

BINDING

RESERVED

MARGIN

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

	SIAIL	JE MAK	I LAND	CERTIFI	CATE	OF DEAT	(12	2890
1	I. PLACE OF DEATH			130	- 940			
	County Frederick	Within th	o Collinging In	~	G	Registration Di	st. No. 12	/-
	Village or City Frederic	k	" and the winds with	No.				
	Length of residence in city or town where	death occurred_7	yrsmos	death occurred in a	1	ion, give its NAME if foreign birth?		
1	2. FULL NAME Joseph He	anry Ruces	nd					
	(a) Residence: No.612 Trail		Arab July	St.,	Ward.			
	(a) Residence. No.	(Usual place	of abode)	-Su,	wate.	If nonresident give	ve city or town en	d State
	PERSONAL AND STATIST	ICAL PARTI	CULARS	М	EDICAL CI	ERTIFICATE	OF DEATH	
3.	SEX 4. COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE O	F DEATH	March 2,		, 193
50	male white	marrie	ed .	•	•	(Month)	(Day)	(Year)
Ja.	HUSBAND of (or) WIFE of Elsie Norris	3		22.	HEREBY	, ,	That I attended	d deceased from
	Oct	. 11, 18	87	A last saw h. 44	t aliva on	Heard		: death is said
	AGE Years Months	Days	If LESS than	0		d ebove, at / 1.30		; death is said
• •	45 4	7 2	1 day,hrs.			H end releted causes		
	70 1	120	or min.	were as follows:				Date of onset
O	8. Trade, profession, or particular kind of work done, as SPINNER, 30	lesman		R		fin - Tak		12.26
kind of work done, as SPINNER, Salesman SAWYER, BOOKKEEPER, etc. SAWY			ung	mel o	eew	us	1-30-33	
000	10. Date deceased lest worked at this occupation (month and year)	sper	me (years) 2 mo •					
12.	BIRTHPLACE (city or town) Maryla (State or country)	ind		Other Contributor	y Conses of impo	rtance:		
œ	13. NAME Henry J. Bussar	d						
FATHER	Marvi							
FA	14. BIRTHPLACE (city or town)							
œ	15. MAIDEN NAME Betty E. Me.	ntin						-
MOTHER		yland				ses (VIOLENCE) fill i		•
Q	10, BIKINPLACE (CITY OF TOWN)	y rectat		ň.		Da	te of injury	, 19
Mrs. Elsie Norris Bussard.			Where did injury Specify whether in		(Specify city or to INDUSTRY, in HOMI	wn, county and St.	nte) LACE.	
10	BURIAL, CREMATION, OR REMOVAL							
18.			519.33	Menner of injury				
19.	UNDERTAKER M. R. Etchis				injury in any wa	ay related to occupati	on of deceased?	26
20.	FILED 3-March, 1983 om	af hove	Registrar.	(Signed)(Addr	ess) 9 E	wel &	Theele	with the

If more blanks are needed, address flate Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
•			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING N. B.-WRITE PLANLY, W

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02891
1. PLACE OF DEATH	
County tredouge EITEIN CORPE	Registration Dist. No. 141
Village or City Ouman acre	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME () da Lavinia (ar	l
201 8 0 11	Ch Ward
(a) Residence: No. 721-2. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 19 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced WISBAND of (or) WIFE of Compa B Compa	22. I HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Much, 24	I last saw h le alive on July (1) 1, 193/; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date state above, a
1864.68 11- 26 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, House luck SAWYER, BOOKKEEPER, etc.) Data VI VIII OUT
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) occupation occupation	atrio-Salutino 1929
12. BIRTHPLACE (city or town) Balking 2000	Other Contributory Causes of importance: Contributory Causes of importance: 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 3 - 19 - 19
13. NAME 14. BIRTHPLACE (city or town) 15. October 14. State or country)	Nama of operation. Date of
(State of Country)	What test confirmed diagnosis? Nov Was there an autopsy?
15. MAIDEN NAME (Lease Wells). 16. BIRTHPLACE (city or town) Reduced (State or country)	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide
2 (Stata or country) 17. INFORMANT CADE CADE CADE CADE CADE CADE CADE CADE	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place and Hight: Date May ch 2/19 3.	Nature of injury
19. UNDERTAKER A Deuly (Address)	24. Was disease of injury in thy way related to occupation of deceased.
20. FILED MAN. 21, 1933 Mars - H - 8. Hagispar.	(Signed) M. D.
If more blanks are needed, address State Hegistrar,	1411 N. Charles Street, Beltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street cur	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis (SEGI C VSV	3 days ago
		IGBAINS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

1. PLACE OF DEATH Franches	04833
County GARYLAND TUBERCULOSIS SAMAZI	Registration Dist. No. / 3
Village or CitySTATE-SANATORIUMMIS-	No. St., Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME GILA E. CM	DIATIO
(a) Residence: No. Woodlowbs Y	Balsto Comment
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word warried)	
5b. If married, widowed, or divorced	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Kenneth C. Christ	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Ylast saw h. L. alive on March 31, 1933; death is sald
7. AGE Years Months Days If LESS tha	to have occurred on the date stated above, at \$.20 Pm.
44 8 /6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housework SAWYER, BDDKKEEPER, etc.	2 Date of onset
9 Industry or business in which	Outmonary Inberculosis
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this /5 / year)	ns
12. BIRTHPLACE (city or town) Mary and (State or country)	Other Contributory Causes of importance:
13. NAME John Trim	
Z 14. BIRTHPLACE (city or town) 13 allo - Mg.	Name of operation
(State of Country)	What test confirmed diagnosis? CAUX X Your Was there an au'opsy? Mu
15. MAIDEN NAME Comie Sullivan	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Balto - Md. (State or country)	Accident, suicide, or homicide?
17. INFORMANT Lemeth Christia (Address) Wood brank Balta Co. 1200	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place (Q. CLX CO. YVIII. Date UNIX TAX	Nature of Injury
19. UNDERTAKER M. L. Clages (Address) Thurmont Mad.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 9/3(, 190.3	(Signed) Alare Sanatorin M. D.
If more blanks are needed, address State Regist.	тат, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02893

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURDAU V. S	i è		144	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County frederick	Registration Dist. No. 131
Village or City Near Lefferson	NoSt.,Ward
A D CIF	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	as. How long in 0.5. If of foreign bittingyrsmosus.
2. FULL NAME Samuel It Compker	
(a) Residence: No. Jefferson Mod (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ORDIVORCED (write the word) Tarried ORDIVORCED (write the word)	21. DATE OF DEATH May 10, 1933 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(Or) WIFE OF Louisa V Compker	22. JHEREBY CERTIFY, That I attended deceased from Jel 14, 1933, to Man 9 - 1933
6. DATE OF BIRTH (month, day, and year) A. W. 11 1842	I last saw h was alive on Man 9 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.2.35-m.
91 0 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	were as follows: Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Surely Jangrene - 2-16-33
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	CA P T
SAW MILL, BANK, etc	1 lift foot
10. Date deceased last worked at this occupation (month and year)	
12 RIPTHELACE (city or town) and material	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) A aylo Sul WY (State or country)	arterio-scleroni
13. NAME John Contaker	CHI CONTRACTOR OF THE CONTRACT
E / // // // // // // // // // // // //	Name of operation Oate of
[State or country]	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Sugar Ander	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Susan taules 16. BIRTHPLACE (city or town) - Lauforstown	Accident, suicide, or homicide? Date of injury 19
State or country)	Where did Injury occur?
17. INFORMANT Mrs. Ella Maser	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Middletown Md.	Manage of Jaluan
Place Luthern Cernetery Oate Mar 12, 19 30	Manner of injury
0 1 W 141. 11.11	20.00
19. UNOERTAKER (Address) Wild forwar . Mr.	24. Was disease or Injury In any way related to occupation of deceased?
11-11. 1. 37 Vanto. 1	(Signed) Almer Harp M. O.
20, FILEO ! Will, 190, 7 Regspirgs.	(Address) " Medaletown Wed
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
	111 0 9 1 , 10 0 0	3.444.00000	1 3047

19. UNOERTAKER .

FOR BINDING

MARGIN RESERVED

بالمحمد المحمد المعالم	MANUAL PROPERTY.	Registration Di	st. No./3/	
No.			St	War
	in a hospital or institution	give its NAME i	nstead of street and	
ds.	How long in U.S. if of for	reign birth?	m	ios d:
Ci				
_St.,	Ward.			_ *
		A STATE OF THE PARTY OF THE PAR	ve city or town and	State
	MEDICAL CER	TIFICATE	OF DEATH	
21. DATE	OF DEATH	lan	71	
		Month)	(Day)	. 193
	(month)	(Day)	(Teal)
22.	I HEREBY C	ERTIFY.	Thet I attended	deceased from
	11 - 13 19	ERTIFY	3 - 7	19 9
I last saw h	alive on	3 - *	193	; death is sai
	red on the date stated el	. / 1	KC .	o, dodin is sai
	AL CAUSE OF DEATH a		of importance	
were es follo		iiu relateu ceuses	of importence	Date of onse
	11/20	emcl	who	201
Other Contri	butory Causes of importan			
		therm		101
		nero	ma	
Neme of oper	retion		Oate of	'
	nfirmed diegnosis?		Wee there on	autoney?
	as due to externel ceuses		_	-
Accident, sui	cide, or homicide?	Da	te of injury	, 19
Where did in	jury occur?	(Sacaifor aistor	wn, county and Sta	
Specify whet	her injury occurred in IN	DUSTRY, In HOM	E, or in PUBLIC PL	ACE.
		_		
Manner of in	lury			
		~		
Neture of inj	ury			
24. Was diseas	se or injury in any wey i	elated to occupati	on of deceesed?	
If so, specify		2		1
(Signed)	10	· 2	NOV	THE NA.
	Address)	There	Lolle	mad

If more blanks are needed, address Stat Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH 1/2	897
1. PLACE OF DEATH	<u></u>	7
County Maderies	Registration Dist. No.	
Village or City Daysvilles (1)	No. St., death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length of residence in city or town where death occurredyrs,mos	How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Mastin Itellian &	alle	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and Sta	ite
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR ON RACE OR DIVORCED (write the word) That	21. DATE OF DEATH Man - 2.d	93 3
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of Mary N. Eurle	22. OCHEREBY CERTIFY, That I attended deco	eased from
6. DATE OF BIRTH (month, day, and year) (Och 4-1880	Hast saw h un alive on Max 12h 1933; de	eath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
52 4 28 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8 Trade profession or particular 0.	D.	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER eneral Merchanek SAWYER, BOOKKEEPER, etc.	Upoplexy 7	May 12
kind of work done, as SPINNER MELLA Merchant Merchant SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1. Do Date deceased last worked at this occupation (month and the second in this occupation (month and the second in this occupation).		
SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month and The 3 spent in this year) year)	8	
na la	Other Contributory Causes of Importance	4.
12. BIRTHPLACE (city or town) / VOO (State or country)	Chronic Pekhviles with	1930
	Hypertefision	
13. NAME Jaeve S, Earle		
14. BIRTHPLACE (city or town) / / (State or country)	Name of operation Dete of	
	What test confirmed diagnosis? Was there en euto	psy?
15. MAIDEN NAME Mary Spearow 16. BIRTHPLACE (city or town). And	23. If death was due to externel causes (VIOLENCE) fill in also tha following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	., 19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Halkersville	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL DO S. J. Alexander	Manner of Injury	
Place Milly Site M. Date Mill S 1933	Nature of Injury	
19. UNDERTAKER O. O. Fuss & Son	24. Was disease or injury in any way related to occupation of deceased?	0
(Address) Taney Foron, and	If so, specify	
20. FILES MAN 2 , 19 33 MX Curdman	(Signed) Orus B. Stone	M. D
Registrar.	(Address) A worly town, May,	

CEDTICIOATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			. 1 36.5

	· ·
	1. 1 gh
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PIIYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 028	398
1. PLACE OF DEATH	92-00	
County Truckeness Com	Registration Dist. No. : / 4	1/
Village or City Brunning iers and	No. 307 W Burnisk & St.,	Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and nur. ds. How long in U.S. if of foreign birth?yrsmos.	-
2. FULL NAME Mrs Mary Huldah	Edwards.	
(a) Residence: No. 3 4 7 70 18 1.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Terrolle S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mac ex 12 (Month) (Day)	93 S (Year)
(or) WIFE of Eeon A. S. Edwards	1 HEREBY CERTIFY, That I attended de	ceased from
6. DATE OF BIRTH (month, day, and year) Sept. 8-1893	I las saw how alive on March 12, 19, 37;	death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 6 2 Pm.	
1875.05 O 7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOUKKEEPER, etc.	18 40	11929
9. Industry or business In which work was done, as SILK MILL,	milal Industrice energy	5 years
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	artie moufreinney	2 week
12-2-1-	Other Contributory Causes of importance:	
(State or country) 4) askington Country Mb	(aut for an an alous) white	BIBLI
& strake. Frank a lepander		Ot me a
14. BIRTHPLACE (city or town) Insland Com	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Www Was there an auto	opsy?_(6)
15. MAIDEN NAME Celler May Bancham 16. BIRTHPLACE (city of town) Workington Co-VnQ	23. If death was due to external causes (VIOUENCE) fill in also the following:	
16. BIRTHPLACE (city of town) W O Many (State or country)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Earl 8. Edwards - (Address) Brunnan and and	Where did injury occur? (Specify sity or town, county and State) Specify whether injury occurred in INDUSTRY, in ROME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Trustal My Oate May 12 , 1933	Nature of injury	
19. UNDERTAKER S. Douly (Address)	24. Was disease of injury in any way related to occupation of deceased?)
20. FILED MAS. 14, 19.33 MAS. 1 Registrary	(Signed) (Address) (Address) (Address)	M. D.
If more blanks are needed, address State Registrar		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 wcek ago Run over by street car Chronie interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-------	---------	------------	----	-----------

Н 02899
st. No. 139
St., Ward stead of street and number)yrs. ds.
land Md.
DF DEATH
(Oay) 31, 1983 (Year)
That Lattended deceased from the street 131., 1933
31, 1933; death Is seld
death is seld ; death is seld

OCCUPA 1. PLACE OF DEAT should County Registration Di Village or City (If death occurred in a hospital or institution, give its NAME i How long in U.S. if of foreign birth?. PHYSICIAN RECORD. (a) Residence: No. If nonresident give PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 6. DATE OF BIRTH (month, day, and year) 7. AGE Deys If LESS than to have occurred on the date stated above 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes or min. were as follows: 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, Jo may back 9. Industry or business in which work wes done, as SILK MILL, should SAW MILL, BANK, etc.. 10. Oate deceased last worked at 11. Total time (years) spant in this occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) œ important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: MOTH Accident, sulcide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town) (State or country Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. OF 18. BURIAL, CREMATION. Menner of injury CAUSE mation LION Nature of injury If so, specify 20. FILED Registrar.

BINDING

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEAT

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
i de la companya della companya della companya de la companya della companya dell			
Other contributory causes of importance:		Other contributory causes of importance:	1571.55
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	UZ900
County Frederick	Registration Dist. No. 140
Village or City new Woodsboro	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Evelyn Romaine	Hohr
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEAT (Month) (Day) 193.3 (Year)
5a. If married, widowed, or divorced HUSBAND of	Name of the state
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) aw 13, 1932	I last saw h & alive on www 5 19.33 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, et
1 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Ucille Dronehitts
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
0 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME OUT AND STORY S	
4. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there en aulopsy?
I 15. MAIDEN NAME LULA S. CHUO	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lula J. Ollo 16. BIRTHPLACE (city or town). (State of country)	Accident, sulcide, or homicide? Dete of injury, 19
(State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT OUT TO WOOD SOLD MA.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
Plece 7.707	Nature of injury
19. UNDERTAKER COLUMNSTON	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Janeytown Md.	If so, specify . Man lot
20. FILED Mar. 6, 19 2 6, 6, Powell	(Signed) M. D.
Registrar.	(Address) Thurstle, M.

CTATE OF MADYLAND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Rouesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
STORE AU VI	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY	PHYSICIAN
-----------------------------------	------------	-----------

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 132 should County Village or City Car No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ______vrs. _____mos. ____ds. Length of residence in city or town where death occurred. statement RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO of 22. ERTIFY. That I attended deceased from (or) WIFE of certificate 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months **Oays** If LESS than to have occurred on the date stated above, at . 10 . 17 1 day, ---- hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: ·Oate of onset 8. Trade, profession, or particular THIS kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ OCCUPAT 9 Industry or business in which work was done, as SILK MILL back SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and occupation instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation. 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ carefully MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16, BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. plnoy 17. INFORMANT A (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury -WRITE CAUSE Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Signed) (Address) ______ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the same of	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	3.		
	· +h,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I	1	Example II	
The principal cause of deat of importance were as follo	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	APD 4 7620	1921	Run over by street car	1 week ago
Cerebral hemorrhage	7,077	July5,1927	Peritonitis	3 days ago
	BUREAU V.	:		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. H mation should be carefully supplied. AGE should be stated EXACTLY. PHYSIC CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state TION is very important. See instructions on back of certificate.	DING S	MANENT RECORD. I	ACTLY. PHYSIC	lassified. Exact state		
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of	FOR BI	IS A PER	stated E	properly c	certificate.	
	D	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS	mation should be carefully supplied. AGE should be	CAUSE OF DEATH in plain terms, so that it may be	TION is very important. See instructions on back of c	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	903
1. PLACE OF DEATH	930	
County Frederick	Registration Dist. No. 131	
Village or City Firederick	No. W6. W. Sigeth St., 3	
(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and i	
£11. m.		
2. FULL NAME Officians Fogle		
(a) Residence: No. // 6. W. Suyttu St. (Usual place of abode)	St., J Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Moale White OR DIVORCED (write the word) Widowed	Mear 26 (Month) (Day)	, 193 3 (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of	22. A MEREBY CERTIFY That I oftended	descreed from
(or) WIEE of Harriet Albaugh	Meh 2/ 1923, 10 Meh 16	
6. DATE OF BIRTH (month, day, and year)	I last saw h. Lan. aliva on Luck of 1933	; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated abova, at 45 A.m.	
8-3 2 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	,
9 Trade profession or particular	were as follows.	Date of enset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Day Hound	VIV 40	4.1
	Estimus My Condition	years
9. industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		0
10. Date deceased last worked at this occupation (month and 1920) spent in this occupation.		
Vecapation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Torderecte Coo (State or country) Manufand		
0/61 / 20		
14. BIRTHPLACE (city or town) From Swick Box (State or country), Magnetand	Name of operation	
	What test confirmad diagnosis? Was there an e	eutopsy?
15. MAIOEN NAME Sarah Somith 16. BIRTHPLACE (city or town) Grederick los	23. If death was due to external causes (VIOL ENCE) fill in also the following	
o 16. BIRTHPLACE (city or town) Frederick los	Accident, suicide, or homicide? Date of injury	, 19
(Stata or country) Moanyland	Where did injury occur? (Specify city or town, county and Stat	e)
17. INFORMANT John W. Sirelly St.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Mot Olivet Care Date Maar 28, 1923	Nature of injury	
19. UNDERTAKER Thomas P. Roice	24. Was disease or injury in any way related to occupation of deceased?	mo.
(Address) Frederick March	If so, specify	
20. FILED 2 mar, 1933 Ovar / Mellill Registrar,	(Signed) (Address) August	AUGA.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	17

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Description of the Control of the Co	

ATATATATATAT	OD LOD BOD	TITIDATETI	COS A DISTRIBUTION	10.37	PATRAZOTOT A NT
ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	151	PHISICIAN

Dor Shusher

If more blanks are needed, address Stale Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

MARGIN RESERVED

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.-The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart-failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	EUREAU V.S.	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	A Company of the Comp	July 5,1927	Peritonitis	3 days ago
	APR 5 1983			
Other contributory ca			Other contributory causes of importance:	
Gallstones	BUREAU	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

1. PLACE County	Fred	1	Posistration No. 11 /3	1=
,	7. Devery	2 0	Registration Dist. No. / 🔾	/ -
Village o	City Car	rederick	NoSt., If death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of	esidence in city or town where		sds. How long in U.S. if of foreign birth?yrsm	
2. FULL N	AME Jula	X Child ass	there that he	
(a) Resid	ence: No Dec	& of Frederic	St., Ward.	
(4) 110010		(Osual place of abode)	If nonresident give city or town and	d State
PERSO	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March (Month) (Day)	, 193.3 (Yaar
5a. If married, wid HUSBAND o			2 ALUEDERY CERTIES TO THE	2. /
(or) WIFE of			22. PIHEREBY CERTIFY, That Keynned	2 5
6 DATE OF BIRT	H (month, day, and year)	March 5-3:	i last saw h alive on OS SFM 19	death is
	rears Months	Days If LESS than	to have occurred on tha date stated above, at	_, ucatiris
	4	tell for day, his	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, pr	ofession, or particular) Or Igain.	were as follows:	Date of o
kind o	ofession, or particular f work dona, as SPINNER, ER, BOOKKEEPER, etc		deach in Utero	-
A Industry	r business in which			
0 1 8	was done, as SILK MILL, MILL, BANK, etc wased lask worked et	11 Tatal time (years)		
- (1113 0	cupation (month and	11. Total time (years) spent in this occupation		
	m-X-	1 5.1 1	Other Contributory Causes of importance:	
12. BIRTHPLACE (State or o		med .	m-0/	
13. NAME	Mu Home	Thell	Malformation	
I III	Z	the deliver of		
1. 1	CE (city or town)	nie	Name of operation Date of	
	310	My French	What test confirmed diagnosis? Was there an	
E	1-7-	dick too	23. If death was due to external causes (VIOLENCE) fill in also the followin	0
	CE (city or town)	nels	Accident, suicide, or homicide? Date of injury	, 19
	mis ST	St	Where did injury occur? (Specify city or town, county and Sta	ite)
17. INFORMANT _ (Address)	mes 5	relies nel	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREW	ATION OR REMOVAL	11 0 (Manner of injury	~~ ~~~~~~
Place	1. Circula	Eq. Date Meh 6, 193,	Nature of injury	
19. UNDERTAKER (Address)	6.E. 66	in Hong	24. Was disease or Injury in any way related to occupation of deceased?	
(Address)	1 220	1 hrs - O	If so, specify (Signed)	,
		I TITI TO WA	(Alguen)	/ 1

02300

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	
Unitowneo	May 1,1925	CROW DELICE U.S.	1 year

CAUSE, OF

1. PLACE OF DEATH	59
County Treferick	Registration Dist. No. 144
Village or City Thursday	No. St., Ware
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Mary Starle	Jall
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) The first state of the st	21. DATE OF DEATH March 4, 1933
5a. If married, widowed, or divosed HUSBAND of (or) WIFE of Chas M. Sall	22. The HEREBY CERTIFY That I attended deceased from 137 to 1033
6. DATE OF BIRTH (month, day, end year) Och 3-1857	I last saw here alive on war 3 , 1933; death is sel
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
75 5 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, January SAWYER, BOOKKEEPER, etc	Neabeles Melletia 1929
9. Industry or business in which	Carisno refariles 1926
SAW MILL, BANK, etc Lown have	Oles or in meses dil - 11
10. Date deceased last worked at this occupation (month and Feb. 1938) spent in this spent in the spent in	- Carrier - grow cares
12. BIRTHPLACE (city or town) hear thurmans	Other Coutributory Causes of importance:
(State or country)	asthme - several years
# 13. NAME wish Varientella	
13. NAME Weak Parentella 14. BIRTHPLACE (city or town) New Thurmans (State or country)	Name of operation Date of Whet test confirmed diagnosis? Y Cak You Was there an autopsy?
15. MAIDEN NAME Susantino 16. BIRTHPLACE (city or town). Man thurman	23. If death was due to external causes (VIOLENCE) fill In elso the following:
o 16. BIRTHPLACE (city or town). Alan Thurman	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT All All (Address)	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL N. B. Date Mch 6, 1933	Manner of injury
Date was a superior of the sup	Nature of injury
19. UNDERTAKER Man Cereage House	24. Was disease or injury in any way related to occupation of deceased?
(Address) thurson mo	If so, specify WR Cade
20. FILED/ Jacks J., 1933 Chans III - Price	(Signed) Cumulation, M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURYAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAN	D-CERNFICATE OF DEATH (12907)
1. PLACE OF DEATH	
county Frederick within	Registration Dist. No. / 3/
Village or City Frederick	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs.	mos. ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Daly yirl yer	ser
(a) Residence: No. 4125 W. Seletti (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
Jensel 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOV OR DIVORCED (write the w	
5a. If married, widowad, or divorced HUSBANO of	22 LUEDERY CERTIFY That and desired
(or) WIFE of	22. HEREBY CERTIFY. That t attended decaased from
6. DATE OF BIRTH (month, day, and year) March 1, 193	3 Hast saw h Steathern Lease 19 ; death is said
7. AGE Years Months Days If LESS	^ 4
0 0 t day,	ware as follows:
9 Trade profession or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SINK MILL, SAW MILL, BANK, etc Data deceased last worked at this occupation (month and this occupation (month and this occupation (month and specific properties).	- Still borna
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation occupation	
12. BERTHPLACE (city or town) Marylond	Other Coutributory Causes of Importance:
(State or country)	
# 13. NAME Mannon Sisises	
t 4. BIRTHPLACE (city or town) frequency	Name of operation Oate of
(State or country) Md.	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Mary Kidurelles	23. If death was due to external causes (VIOLENCE) fill in also the following:
to. BIRTHPLACE (city or town) Fredericks	Accident, suicida, or homicide? Date of injury
(Stata or country) Md.	Where did injury occur?
17. INFORMANT M. Marmon Geise (Address) Ledench, Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Chief Cle Free Pate 3/1	Manner of injury
19. UNDERTAKER M. R. Elchison Hon (Address) Frederick Mil	24. Was disease or injury in any way related to occupation of daceased?
20. FILEO 1- much 19 2 2 avoa meenet	4 (Signed) BOHLOWING M. D.
	Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

-			

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA 1. PLACE OF DEATH Jo plnods Registration Dist. No. 13/ item Village or City occurred in a hospital or institution, give its NAME instead of street and number) SICIANS How long In U.S. if of foreign birth? Length of residence in city or town where death occurred. statement RECORD. St. Ward If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) name (Year) BINDING assified 5a. If married, widowed, or divorced HUSBAND of ERTIFY, That I attended deceased from certificate. 6. DATE OF BIRTH (month, day, and year) properl 7. AGE Years Months Days If LESS than to have occurred on the date stated above. FOR I day, ----hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance .. min. Date of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. RESERVED Jo back may dustry or business in which should work was done, es SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) on this occupation (month and occupation : instructions Other Contributory Causes of importance MARGIN 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? MOTHER brtant. 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town (State or country) Where did Injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE should OF Menner of injury WRITE CAUSE mation NOIL Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 60 (Signed) (Address) ____ If more blanks are needed, address Stat Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BOREAU V. S	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-------	---------	------------	----	-----------

BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	3 3
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 yveek ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week dao
Cerebral hemorrhage	APR 5 1933	July 5,1927	Peritonitis	3 days ago
				-1
	BUREAU V			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

BINDING

MARGIN

V. S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the same of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. A PERMANENT mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH it plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. FOR BINDING II UNFADING INK-THIS IS MARGIN RESERVED B.-WRITE PLAINLY,

1. PLACE OF DEATH	CERTIFICATE OF DEATH 02911
County Frederich Md.	Registration Dist. No. / 3/
Village or City Drederich	No. Fredb Cety + splital Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME (Thomas. Heim	10 M
(a) Residence: No. Philadelphia (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4. COLOR OR RACE OR DIVORCED (with the word) 5a. It married, widowed, or divorced	21. DATE OF DEATH March 10th, 1933. (Month) (Day) (Year)
HUSBAND of (or) WIFE of	on March 10th, 19.33, to , 19
6. DATE OF BIRTH (month, dey, and yeer Care 13 1907	l last saw h im alive on March 10th, 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7:45pm.
7 7 1 day,hrs.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Shock due to crushing of
kind of work done, es SPINNER, SWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed alst worked at 11. Total time (yeers)	lower limbs and pelvis. 18than 3
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Spent in this	
year)occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) J Full authors (State or country)	-
± Cool	
4. BIRTHPLACE (city or town) (State or country)	Neme ef operation Date of
15. MAIDEN NAME MASM (OH. a.90	What test confirmed diagnosis? Was there en autopsy? NO
16. BIRTHPLACE (city or town) Leland	23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide R • R • Accident, suicide,
Stete or country)	Where did injury occur? B. & O. near Buckeystown, Md.
17. INFORMANT Solu, do Chea	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) J. E. Carney 29 & Defender 110	Public Place
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Railroad Wreck.
Velecus Chra min co Dele 1 4-nan 1923	Nature of injury Lower limbs & pelvis crushed
19. UNDERTAKER CElling Jong (Address) Grederick Mgf.	24. Wes disease or injury in eny wey related to occupation of deceased? N.O.
20. FILED II-man, 198 3 Down meeting	(Signed) CH Coully, M. D. (Address) Tel Ull M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVIAND, CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

2

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of onset of importance were as follows:
Arteriosclerosis	1915	Attack of epilepsy 1 week ago
Chronic interstitial nephritis	1921	Run over by street car 1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 3 days ago
		1 Pr "AR 20 11/
		1930
Other contributory causes of importance:		Other contributory causes of haportunes:
Gallstones	May 1,1923	Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH (12912
1. PLACE OF DEATH	(J2J)
County Treducek	Registration Dist. No. / 2/
Hillage or City Trederick	No. Cit Hospital St. Wa
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmas	ds. How long in U. S. if of foreign birth?
2. FULL NAME Parces Sterestern	Harris or
(a) Residence: No. O (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWCD, OR DIVORCED (write the word)	21. DATE OF DEATH 14 , 1933
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased f
May - 0 112 1029	mental 11 25
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 430 m.
2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stroples of entirelies
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
2hattitititi	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / rederived (State or country)	Start
13. NAME & succes Henclin Harris	suproce aggregacity 11-4
70	
(State or country)	Name of operation Date of Date of
15. MAIDEN NAME & Drothes Wilson	What test confirmed dignosis?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) and (State or country)	Accident, suicide, or homicide?
Ti me	Where did injury occur?
17. INFORMANT 18 10. I restruct the	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 6	Manner of injury
Place my. ohing Cen Date Mel. 157923	Nature of injury
19. UNDERTAKER 6. E. Clime + Son (Address) Frederact M. D	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED I May 1938 Doca Millian II	If so, specify (Signed) (Signed)
Registrar. Y	(Address) one servick m
If more blanks are needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County. Jed deviced No. No. St. Ward Village or City	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. Village or C	1. PLACE OF DEATH	(2913)
Village or City. Village or C	County Tre develo	Registration Dist. No. 13/=
Length of residence in city or town where death occurred. D. yrs. D. mos. O. ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME 2. A color OR RACE 3. SEX 4. COLOR OR RACE 5. SIMESTIFICATE OF DEATH 2. I HERE BY CERT I FY, That I attended deceased from thusbard or control of the profession, or particular to the profession or particular to the profession or particular to the profession of particular to the profession of the profession of particular to t	Village or City Monteone to pital	N
2. FULL NAME (a) Residence: No. (Usual place of abods) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. CLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1. DATE OF DEATH 2. I HER EBY CERTIFY, That I attended deceased from (on) Wire of or work and year) 1. ACE Years Months Days 1 If LESS than 1 last saw h. alive on 19.33 to 10. Less of month day, and year) 1. ACE Years Months Days 1 If LESS than 1 last saw h. alive on 19. jedesth is said to have occurred on the date stated above, at. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Saw Mill. BARK, else. Saw Mill. BARK, else. Saw Mill. BARK, else. Saw Mill. BARK else. Saw Mill. BARK, else. Saw Mill. BARK, else. Saw Mill. BARK, else. Saw Mill. BARK, else. Saw Mill. BARK else. Saw Mill. BARK, else	94	
(a) Residence: No.	4 A	
Personal and State Persona	2 4	C+ Word
21. DATE OF DEATH Color of Race S. SINGLE MARRIED, WIDOWED OR DIVORCED (write the world)		
Sa. If married, widowed, or divorced (1907) wife of (1908) 55. If married, widowed, or divorced (1908) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Day 1/4 3 3 1/4 3 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3 1/4 5 3	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of 5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. O D I death is said to have occurred on the date stated above, at	Male Colored OR DIVORCED (write the word)	Marsh 12, 193 3
TAGE Years Months Days If LESS than I day. hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Barriade, profession, or particular were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were as follows: Bate of one as SILK MILL, ANA, tel. Date deceased lest worked at spent in this spent in th	HUSBAND of	
8. Trade, profession, or particular kind of work done, as SPINNER, SAMYER, BOOKEFEPR, etc. 90. Industry or business in which work was done, as SPINNER, SAMYER, BOOKEFEPR, etc. 90. Date deceased lest worked at this occupation (month and pentil this occupation (month and pentil this occupation). 12. BIRTHPLACE (city or town). 13. NAME Calvin SIRTHPLACE (city or town). 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 16. BIRTHPLACE (city or town). 17. INFORMANT 18. BURIAL, CREMATION, DR REMOVAL Place Long State or country) 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. SPINNER 19. Mrs. done as SPINNER. 19. UNDERTAKER	6. DATE OF BIRTH (month, day, and year) Ware Dr. 12, 1933	I last saw h; death is said
8. Trade, profession, or particular 101 8. Trade, profession, or particular 102 8. Maid of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWIEL, BANK, etc. 10. Date deceased lest worked at 11. Total time (yeers) spent in this occupation 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, OSCHMANON 18. BURIAL, OSCHMANON 19. Date // Little 19. UNDERTAKER 19. Address) 19. UNDERTAKER 19. Address 19. UNDERTAKER 19. Address 19. Manner of injury Netwer of injury Netwer of injury Netwer of injury Netwer of injury 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER (Address)	() () 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
12. BIRTHPLACE (city or town) Clarify and and State) 13. NAME Cauring 14. BIRTHPLACE (city or town) Clarify and and State) 15. MAIDEN NAME Was there an autopsy? 16. BIRTHPLACE (city or town) Clarify and State) 17. INFORMANT Caure Country) 18. BURIAL, CREMATION, OR REMOVAL Place Country Date of Injury Date of Manner of injury Neme of operetion Date of Injury Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury Nature of Injury 19. UNDERTAKER (Address) Country In any way related to occupation of deceased? Log (Signed) Registrar. (Address) Clarify Address Addres	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
12. BIRTHPLACE (city or town) and	- show a comparison function and	
What test confirmed diegnosis? Was there an autopsy? 40 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED (State or country) What test confirmed diegnosis? Was there an autopsy? 40 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury. (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER (Address) (Address) (Signed) (Signed) (Address) Mas there an autopsy? 40 24. Was there an autopsy? 40 25. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? (Specify city or town, country and State) Specify whether injury occurr? Specify whether injury occurr? Specify whether injury occurr? Specify whether injury occurr? Specify city or town, country and State) Specify whether injury occurr? Specify city or town, country and State) Specify whether injury occurr? Specify city or town, country and State) Specify whether injury occurr? Specify city or town, country and State) Specify whether injury occurr? Nanner of injury Nature of Injury 19. UNDERTAKER (Address) (Address) (Signed) (Signed) (Address) (Address) (Address)	12. BIRTHPLACE (city or town) ellary land	Other Coutributory Causes of importance:
What test confirmed diegnosis? Was there an autopsy? 40 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED (State or country) What test confirmed diegnosis? Was there an autopsy? 40 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER (Address) (Address) (Signed) (Address) (Address) Mas there an autopsy? 40 24. Was disease or Injury In any way related to occupation of deceased? (Specify city or town, country and State) Specify whether injury occurr? Nature of Injury 19. UNDERTAKER (Address) (Address) (Address) (Address) (Address) (Address)		
What test confirmed diegnosis? Was there an autopsy? 40 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED (State or country) What test confirmed diegnosis? Was there an autopsy? 40 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER (Address) (Address) (Signed) (Address) (Address) Mas there an autopsy? 40 24. Was disease or Injury In any way related to occupation of deceased? (Specify city or town, country and State) Specify whether injury occurr? Nature of Injury 19. UNDERTAKER (Address) (Address) (Address) (Address) (Address) (Address)	14. BIRTHPLACE (city or town) Ward and	Neme of operation
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Date 4 Much 19.3 Manner of injury Nature of Injury 19. UNDERTAKER CAS A Journ Duff (Address) 15 so, specify (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury Nature of Injury (Address) 15 so, specify (Signed) (Signed) (Address) Manner of injury (Signed) (Signed) (Address) (Address)	(State or country)	What test confirmed diegnosis? Was there an autopsy?
17. INFORMANT Quilo Que de la Company de la Company aud State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury Place Local Date 4 Mule 1933 Nature of Injury 19. UNDERTAKER (As A Journal Date) 4 Manner of Injury 19. UNDERTAKER (As A Journal Date) 4 Manner of Injury 19. UNDERTAKER (As A Journal Date) 4 Manner of Injury 19. UNDERTAKER (As A Journal Date) 5 Manner of Injury (Address) July (Signed) (Signed) (Signed) Manner of Injury In any way related to occupation of deceased? Manner of Injury (Signed) (Signed) (Signed) Manner of Injury In any way related to occupation of deceased? Manner of Injury (Address) Manner of Injury In any way related to occupation of deceased? Manner of Injury (Address) Manner of Injury In any way related to occupation of deceased? Manner of Injury (Address) Manner of In	15. MAIDEN NAME Way Laris 16. BIRTHPLACE (city or town) Way and (State or country)	Accident, suicide, or homicide? Date of Injury, 19
Placelloulevile Date 4 Much 1933 Nature of Injury 19. UNDERTAKER As a Jones Bufst 24. Was disease or Injury In any way related to occupation of deceased? Lo (Address) July (Signed) (Signed) (Signed) (Address) The deceased M.D. (Address) The deceased M.D. (Address) M.D.		(Specify city or town, county and State)
(Address) Fledriggs, 20. FILED 4 - Mul, 193 3 Ambeud, (Signed) Office Service M.D. (Address) Ambeud, 200 M.D. (Address) Ambeud, 200 M.D.	11:0001	
20. FILED 4 Man, 1903 Producedly 2003.		
	Registrar.	(Address) Traderily 2nd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of emilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	17 LIMITO OF (3)
County + reprint	Registration Dist. No.
Village or City /3/cen 3 wick ma	
(It Length of residence in city or town where death occurredyrs,mask	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME	w1
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH MAY 21 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) MAN 21 - 1933	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The bulk work
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	6 West or mos
work was done, as SILK MILL, SAW MILL, BANK, etc	7-1
O lo) Date deceased last worked at this occupation (month and year) spent in this occupation occupation	Upn vacq
1	Other Coatsbutory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
The Market of the Control of the Con	
14. BIRTHPLACE (city or town)	
L (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Name E, Vroce 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT. (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Verenous Date Mar 2/, 19 33	Nature of injury.
19. UNDERTAKER C. S. Full & Son	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mar 23, 19 33 Mrs. A. S. Hidges Register.	(Signed) (Survey Dr.) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 weck ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:)))	
Moy 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH (12915
1. PLACE OF DEATH	
County Trederick	Registration Dist. No. 132
Village or City / Surtalls will	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Lawrence Fleur	Huderson
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH O
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of	mar 10, 1933, to mar 18, 1933
6. DATE OF BIRTH (month, day, end year) My 1 1919	I last saw him alive on man 18 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 12.30 Am.
70 8 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER BOOKKEEPER AND	o her g
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	septie sore throat
10. Date deceased last worked at this occupation (month and yeer) 11. Total time (years) spent in this occupation	Cw&R.
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Vagrician only saw Guld shortly
13. NAME toster a Helderson	regard aloth
13. NAME TOOLS (A Melders) 14. BIRTHPLACE (city or town)	Name of operation None Date of
(State or country)	What test confirmed diagnosis? Was there an eutopsy? ho
15. MAIDEN NAME / State of town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? 20 Date of injury 19 19
State of country)	Where did injury occur? (Specify city or town, county and Stale)
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURY, CHARLES OF REMOVED LAND ME 18 3=	Manner of Injury
Place Letersvill Man Date Man 19	Nature of injury
19. UNDERTAKER - Hotaley & Joyal	24. Was disease or injury in any way related to occupation of deceased?
(Address) Inwowney That	If so, specify
20. FILED 777 01 21, 1933 D. Torrey 000) auch	(Signed) M. D. (Address) M. D.
i Aegistrar.	" (nouros) - J. I J. W. Charles - C. La

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioscleròsis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
			1		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH 02916
1. PLACE OF DEATH	
County Migerice	Registration Dist. No. 182
Village or City Durkestovlle	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Rackel . Hend	inom
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (zwrite the word)	21. DATE OF DEATH March 9, 193 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY Thet I attended deceesed from
	Mar 2 ,1933 10 /Mar 7 ,1935
DATE OF BIRTH (month, day, and year)	I last saw h. J. elive on That, 1933; death is said
7. AGE Years Months Days If LESS then 1 dey,hrs.	to heve occurred on the date steted ebove, etm. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance
7 ormin.	were as follows:
8. Trede, frofession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	
9. Industry or business in which	Chr. Muse artitis
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceesed lest worked et this occupation (month and	Cus: rayocasao. w
10. Dete deceesed lest worked et this occupetion (month and year)	
you) Occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Thory land.	
(State or country)	Name of operation Date of
15. MAIDEN NAME	Whet test confirmed diegnosis?
	Accident, suicide, or homicide? Dete of injury 19
16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Squared Advantage of Charles Burgett States	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Menner of injury
Plece General Mediate May 1, 1953	Neture of injury
19. UNDERTAKER OHE TELLE & Royal	24. Wes disease or injury in any way related to accupation of deceased?
(Address) Rossesson Man.	If so, specify
20. FILED TITON: 10., 1933), Tosepon James ((Signed) Amo Harb M. [
The more Cambe are moded address State Design	NO PROPERTY OF THE PROPERTY OF

Statement of occupation.—Precise statement of occupation is very important, so that the relative-healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II			
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	100 4 1933	1915	Attack of epilepsy			
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	TIREAU V. ~	July 5,1927	Peritonitis	3 days ago		
		-South				
Other contributory car	uses of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
TENTO TENTO TATE IN	DI TIUL	T. OTT	T C TO T T T T T T T T T T T T T T T T T	D T 1 T T T T T T T T T T T T T T T T T	47 34	T TT Y DAVIET	4

PHYSICIANS should state of OCCUPA-Exact statement AGE should be stated EXACTLY. I UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B. WRITE PLAINLY,

1. PLACE OF DEATH County Audited Village or City Monthur Honor and St. Ward Length of residence in city or town where death occurred yrs mos. ds. How long in U.S. if of foreign birth? yrs mos. ds. 2. FULL NAME (a) Registration Dist. No. St. Ward (busing lace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIELD, WIDOWED, OR DIVORCED (write the word) Wall 1. DATE OF DEATH (Day) (Year) 1. HER EBY CERTIFY, That I attended deceased from the state of the standard of street and number) 2. HER EBY CERTIFY, That I attended deceased from the standard of street and number) 2. HER EBY CERTIFY, That I attended deceased from the standard of street and number) 2. HER EBY CERTIFY, That I attended deceased from the standard of street and number) 2. HER EBY CERTIFY, That I attended deceased from the standard of street and number) 2. HER EBY CERTIFY, That I attended deceased from the standard of street and number) 2. HER EBY CERTIFY, That I attended deceased from the standard of street and number) 2. HER EBY CERTIFY, That I attended deceased from the standard of street and number) 2. HER EBY CERTIFY, That I attended deceased from the standard of street and number) 2. HER EBY CERTIFY, That I attended deceased from the standard of street and number) 2. HER EBY CERTIFY, That I attended deceased from the standard of street and number) 2. HER EBY CERTIFY, That I attended deceased from the standard of street and number) 2. HER EBY CERTIFY, That I attended deceased from the standard of street and number) 2. HER EBY CERTIFY, That I attended deceased from the standard of street and number) 2. HER EBY CERTIFY, That I attended deceased from the standard of street and number) 2. HER EBY CERTIFY, That I attended deceased from the standard of street and number) 2. HER EBY CERTIFY The standard of street and number) 2. HER EBY CERTIFY The standard of street and number)	STATE OF MARYLAND—	CERTIFICATE OF DEATH (12917
Village or City. Monthurs Hongstal (If death occurred in a hospital or institution, give is NAME inseed of street and number) de. Length of residence is city or town where death occurred. (a) Residence: No. The Charles of about (Charles of about) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVINGED (which is word) The MONTOCED (which is word) Sa. If married, widowed, or divorced the word) Sa. If married, widowed, or divorced the word) Sa. If married widowed, or divorced the word) Sa. If married widowed, or divorced the word on the properties of the word of the propert	1. PLACE OF DEATH	
Leagth of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. Solution (Usualphee of abods) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED OR DYORCED (way) the word) S. II married, widowed, or divorced the state of	County Trederick	Registration Dist. No. 131 =
Langth of residence incity or town where death occurred yrs		NoSt.,Ward
2. FULL NAME (a) Residence: No. Daltung (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, Order to word) OR DYORCEO (Group to be word) OR DYORCEO (Group to be word) S. H. Ill married, widowed, or divorced discontinuation of the word) OR DATE OF BIRTH (month, day, and year) S. DATE OF BIRTH (mont		
(a) Residence: No. (Dual phase of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (angre he word) Value of the word) 5. LIT married, widowed, or divorced (Or) Wife of the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 1 asy 1 1 LESS than 1 day. 1 1 Thorace profession, or particular MER. SAWTHE, BOOKKEPER, etc. 1 0. Dittle decessed last worked as the country) 1 2 BIRTHPLACE (city or town) (State or country) 1 3. HAME 1 3. HAME 1 4. BIRTHPLACE (city or town) 1 4. BIRTHPLACE (city or town) (State or country) 1 5. MAIDEN NAME 2 1. Hame of operation. Solve a country What test confirmed diagnosis? Was there an autopay? What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopay? Was there an autopay? Was there an autopay? What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopay? What test confirmed diagnosis? Was there are of injury in any way related to occupation of decessed? 10. Dute Cestributery caurered in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) 24. Was disease or injury in any way related to occupation of decessed? 1 to specify 1 to spec	Λ Λ 11	100 and 100 an
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DIVORCED (wright the word) 5. If married, widowed, or divorced OR DIVORCED (wright the word) OR DIVORCED (wright the word) 5. DATE OF BIRTH (month, day, and year) OR DIVORCED (wright the word) 6. DATE OF BIRTH (month, day, and year) OR DIVORCED (wright the word) 7. AGE OR Years Nonth OR DATE OF BIRTH (month, day, and year) OR DIVORCED (wright the word) 8. Trade, profession, or particular OR DATE OF BIRTH (month, day, and year) OR DIVORCED (wright the word) 8. Trade, profession, or particular OR DATE OF BIRTH (month, day, and year) OR DATE		0. 16.4
3. SEX 4. COLOR OR RACE OR DIVOKCED (wrige the word) So. If married, widowed, or divorced disposition of control of the state of the		
Sa. If married, widowed, or divorced of the word of th	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of Country 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day. hrs. or mind of work done as SPINNER. SAWYER, BOOKKEPER, etc. Sindustry or business in which work was done as SILK MILL. SAW MILL, BANK, etc. 12. BIRTHPLACE (city or town) (State or country) Man Day (Years) The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Other Coetributery Causes of importance: Other Coetributery Causes of importance: What test confirmed diagnosis? Was there an autopsy? Material in also the following: Accident, suicide, or homicides. Date of one of injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Address) 10. UNDERTAKER CAIRLE (Signed) Passed 11. AGE SIGNED AND AND AND AND AND AND AND AND AND AN	Wale white Warrische word)	March 10, 193 3
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	HUSBAND of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. AGE Years Months 1	6. DATE OF BIRTH (month, day, and year) Sent 39 1888	
8. Trade, profession, or particular kind of work dome, as SPINNER, Solvier, 1000/KEPER, etc. 1. Industry or business in which work done, as SPINNER, 11. Total time (years) spent in this work was done, as SILK MILL, spent in this occupation (much and year) 10. Date deceased last worked at his occupation (much and year) spent in this occupation. 11. Total time (years) spent in this occupation. 12. BIRTHPLACE (city or town) State or country) 13. NAME Service (city or town) State or country) 14. BIRTHPLACE (city or town) State or country) 15. MAIDEN NAME Service (city or town) State or country) 16. BIRTHPLACE (city or town) State or country) 17. INFORMANT Country (State or country) 18. BUTML (SERVICE) (State or country) 19. UNDERTAKER Service (Address) 20. FILED STANDARD (19.3.3.) A STANDARD (Signed) Service (Signed) Manager of injury in any way related to occupation of deceased? M. D. D. Specify (Signed) M	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at .5. H.O.T., .m.
8. Trade, profession, or particular Mode of the Mode as SPINNER. SAWYER, BOOKKEPPR, etc. 9. Industry or business in which saw will particular with this occupation of marking and a series of the secondary occupation occupation of the secondary occupation occupation occupation of the secondary occupation oc		the FRINCIPAL CAUSE OF DEATH and related causes of importance
industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 17. INFORMANT (Address) Date of Date of Was there an autopay? May there and autopay? Meaner of injury Accident, sulcide, or homicide? Date of injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED // March., 19.3.3. And March March M. D. (Signed) 11. Signed) 12. BIRTHPLACE (city or town) Other Coutributory Causes of importance: O	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER ROUKKEFER atte	Uate of onset
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURTHAL, CREMATION, OR REMOVAL Place Date / 3 - Mullips Date / 3 - Mullips Manner of injury Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Manuel 1933 Manue	Industry or business in which	(fel - mare of B. 1931
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURNAL, CREMATION, AR REMOVAL Place 18. BURNAL, CREMATION, AR REMOVAL Place 19. Date / 3 - Mullipside 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 10. UNDERTAKER (Signed) 10. UNDERTAKER (Signed)	SAW MILL, BANK, etc.	
Other Contributory Causes of importance: Other Contributory Causes of i	this occupation (month and this occupation (month and this occupation (month and this occupation)	
(State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED 10. Manuel 11. INFORMANT 12. Date 13. Name of operation Name of operation		Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, AR REMOVAL Placed 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED // March, 1933. 10. Date of injury Name of operation. Name of operation. What test confirmed diagnosis? Was there an autopsy? In the place of injury. What test confirmed diagnosis? Was there an autopsy? In the place of injury. Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury. Nature of injury. Nature of injury in any way related to occupation of deceased? M. D. 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Signed) (Signed) (Signed) Manner of injury in any way related to occupation of deceased? M. D. M. D		-
What test confirmed diagnosis? Was there an autopsy? Items 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURTAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED // March, 1933 - No March of the property of the	^ 4	-
What test confirmed diagnosis? Was there an autopsy? Must be to country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURTAL, CREMATION, OR REMOVAL Place Date / 3 - Mul. 1933 19. UNDERTAKER (Address) 20. FILED // March, 1933 - Must was due to external causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide? Date of injury, 19. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Signed) (Signed) Manner of diagnosis? Was there an autopsy? Must be to cause of injury, 19. 20. FILED // March, 1933 - Must be following: Accident, sulcide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 24. Was disease or injury in any way related to occupation of deceased? M. D. (Signed) M. D.	E Suran Good a	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURHAL, CREMATION, AR REMOVAL Place Date / 3 - Moley 19.33 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED // March, 19.33 - No Moley 19. (Signed) 21. If death was due to external causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide? Date of injury Where did injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Signed) (Signed) (Signed) M. D	4 14. BIRTHPLACE (city or town) (State or country)	The state of the s
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Place Date / 3 - Moll, 1933 Manner of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disease or injury (Address) 15 so, specify (Signed) (Signed) Manner of injury Nature of injury (Signed) Manner of injury Nature of injury (Signed) Manner of injury Nature of injury Nature of injury (Signed) Manner of injury Nature of injury Nature of injury Nature of injury (Signed) Manner of injury Nature of i	15. MAIDEN NAME TAN OR DOLLE COM	
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Moderns Howard Ted Y. V.d 18. BURIAL, CREMATION, OR REMOVAL Place Date / 3 - Model 1933 Manner of injury Nature of injury 19. UNDERTAKER E Cline for Moderns (Address) 24. Was disease or injury in any way related to occupation of deceased? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury (Address) 24. Was disease or injury in any way related to occupation of deceased? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury (Signed) (Signed) Manner of injury Nature of injury (Signed)	T AC PURTURE ACE (situ or Assum)	
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, AR REMOVAL Place Date / 3 - How 1933 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? (Address) 26. FILED / 1 March, 1933.	(State or country)	
Place Date / 3 - MW, 1933 Nature of injury 19. UNDERTAKER C E Cline f Con (Address) 24. Was disease or injury in any way related to occupation of deceased? No 15 so, specify (Signed) (Signed) M. D		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER (C. Cline for) (Address) 24. Was disease or injury in any way related to occupation of deceased? NO 15 so, specify (Signed) (Signed) M. D	1 13 ANAL 32	
20. FILED // March, 1933. no Miles by, & (Signed) (Dela Jacobson M. D		24. Was disease or injury in any way related to occupation of deceased?
	20. FILED / 1 March, 1933. 20 Molusty, #	(Signed) (Signed) (Signed) (M. D)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principa of important	S Date of onset	
Arterioselerosis	1915	Attack of epile	epsy	1 week ago
Chronic interstitial nephritis	1921	Run over by st	reet car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	B.V UAGRUR	3 days ago
			1851 5 ddV	
Other contributory causes of importance: Gallstones	importance: Other contributory causes of importance: May 1,1923 Gastroenteritis		1 year	

- 117/10/20			
			4

PHYSICIANS should state Exact statement of OCCUPA-RECORD. Every item of inforstated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. WRITE PLAINLY, WY

FOR BINDING

MARGIN RESERVED

B

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02918
	CORPORATE LIMITS OF Registration Dist. No. 14/
Village or City Brunsusch	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME AMAS Colbert / Juffine	m .
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March /2 1933 (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) for 23 - 193/	I last saw him alive on home 12 19 \$ 3; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	I olive Passance a Data of onsat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributary Casses of importance:
13. NAME Enverett & Hoffman	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
13. NAME Covered & Trygmon 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME CIOLA V Bakes	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Add V Safe (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT 2 P Ayyfman (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Brussing Mad Date Much 14, 1933	Manner of Injury
19. UNDERTAKER Office (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED John 171933 MM-17 S. Phages. Register.	(Signed) Clifford M. D. (Address) Brussawall Ind
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
	a committee				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who lad no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU VAG			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

CORD. Every item of infor-PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. H UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, W

V. S. No.1-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	9696
1. PLACE OF DEATH	(130)	2920
County Tre dericle	Registration Dist. No. / 3 /	
Village or City Mouture Hogertal	NoSt.,	Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and r	
2 FILL NAME W. al. O. C. Sainis LL	Do .	/sus.
(a) Posidoros No.	CA CANANA	
(a) Residence: No. (Usual poce of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The suit of the state of t	21. DATE OF DEATH March 9 (Month) (Day)	, 193. 3 (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year) Open 1 193	I last sew h. LT. elive on Warch 9, 1933	,
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at.11.30.7.m.	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	15. (
8. Trade, profession, or particular kind of work done, as SPINNER, SCHUPL Gul		Data of onset
A. Hale, professing, or particular, or particular within the work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and second in this count in this	Mressera	man 3
0. Date decessed last worked at this occupation (month and 1933 spent in this occupation 6		
12. BIRTHPLACE (city or town) Waryland	Other Contributory Canses of importance:	
(State or country)	aceste Jephretis	Scale 1-3
E		
4. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of	
	What test confirmed diegnosis? Was there an a	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	, 19
17. INFORMANT James Co. Jones Judench Md	Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATIDA, OR REMOVAL Place Mit Bellief 1 Date 12 - March 1983	Manner of Injury	
19. UNDERTAKER Embry Try (Address) milliburge n mg	24. Was disease or injury In any way related to occupation of deceased?	no
20. FILED & Meach, 1983 & Boar meling	(Signed) Donner	22 d
1	24TT N Charles Street Relaimore Persetting 71 S No -	Giran

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows:-Attack of epilepsu Arteriosclerosis 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 weck ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

BINDING

FOR

RESERVED

MARGIN

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 uear

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Or. deesher

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

3	STATE, OF MARTLAND	CERTIFICATE OF DEATH 02	375
1	. PLACE OF DEATH	108	9
	County Tredesicto,	Registration Dist. No. / O	(
		death occurred in a hospital or institution, give its NAME instead of street and ne	
	Length of residence in city or town where death occurredyrsmos.	How long In U.S. if of foreign birth?yrsmos	ds.
1	2. FULL NAME I Name 13. James	· · · · · · · · · · · · · · · · · · ·	
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and S	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLOR OR RACE OR DIVORCED (white the word)	21. DATE OF DEATH March = 12 2 (Month) (Day)	193.3 (Year)
5a.	If married, widowed, or divorced HUSBAND of CONTROL THE STATE of Late many & Jones (2)	22. THEREBY CERTIFY. That lattended do	eceased from
6	DATE OF BIRTH (month, day, and year) 1851-4-12.	Hast saw h March 12, 1933	death is said
	AGE Years Months Days If LESS than	to have occurred on the date stated above, at / J J P.m.	geden 13 said
	8/ // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causos of importance	
NO	8. Trade, profession, or particular kind of work dona, as SPINNER made in the section of the sec	were as follows: Lobcor Praumonia	Date of enset
ATI	SAWYER, BOOKKEEPER, atc		10/33
UP.	work was dona, as SILK MILL, SAW MILL, BANK, etc		
OCCUPATION	10. Data deceased last worked at this occupation (month and year)		
12.	BIRTHPLACE (city or town) Cladamo les, (State or country)	Other Containatery Causes of Importance:	
2	13. NAME Thomas Doner	- Faringais	
FATHER	14. BIRTHPLACE (city or town) Winterson	Nama of operation Date of	
-	(Stata or country)	What test confirmed diagnosis? Was thera an au	topsy?
HE	15. MAIDEN NAME Pranna Starno,	23. If death was dua to external causes (VIOL ENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury	, 19
	(State or country) INFORMANT Secret 4. South (Address) The manufacture and 3	Where did injury occur?	CE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Piaca Friends bentyaje Mar. /52, 1933.	Nature of injury	
19.	UNDERTAKER Com . Halt of 1 (Address) Hanfield May	24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED MAN 14, 1933 21 A Curpusas Registrar.	(Signed) Z. C. Heldely (Address) 7cc Window 74	M. D.

CTATE OF MADYLAND CEDTIFICATE OF DEATH

69000

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	1.0		
Other contributory causes of importance:	ا ا	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	and the same of th	Example II		
The principal cause of dea of importance were as foll	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago	
		- Anna American			
Other contributory causes	of importance:		Other contributory causes of importance:	437	
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

and In & County

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-KECORD. Every item of infor-WATH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County Frederick	Registration Dist. No. 144
Village or City Thursmand	No
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME BUCKARD BOOK	
(a) Residence: No. 2 / / / / /	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH March 5 198 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Kelley	22. HEREBY CERTIFY. What I attended deceased from
6. DATE OF BIRTH (month, day, and year) flow 31 - 1872	I last saw h alive on, 19; death is said
7. AGE Years Menths Days If LESS than	to have occurred on the date stated above, atm,
6/ / 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKESPER, etc.	Doret Tenors protably Date of one of
9. Industry or business in which	Coronary Mirom topo 3/4/30
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
1D. Date deceased last worked et this occupation (month and year) 173.3 spent in this occupation	
12. BIRTHPLACE (city or town) Marifand	Other Cantributory Causes of importance:
(State or country)	
13. NAME Richard - Kelly	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Maref Elleoth 16. BIRTHPLACE (city or town) Demosthoans	23. If death was due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) - Lensylvania (Stata or country)	Accident, suicide, or homicide?
K.f. U.D.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place e Museument Date Mach & 7-1933	Nature of injury
19. UNDERTAKER Sillfuile & Breeger (Address)	24. Was diseasa or injury in any way related to occupetion of deceased?
20. FILED Mar. 7, 1933 Anna M. Jones Registrar.	(Signed) Horris 4. Buil M. D. (Address) Human M. D.
	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1			Example II		
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	APR 9 1933	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURHAU V.B.	July 5, 1927	Peritonitis	3 days ago	
Other contributory	eauses of importance:	i i	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state KECORD. Every item of infor-Exact statement of OCCUPA-H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.—WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Freduces	Registration Dist. No. 14/
Village or City Brunous rela mo	No. St., Ward
Length of residence in city or town where death occurred 2 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME James Ester Italy	sila
(a) Residence: No. 12 Va Goe	St, Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21 DATE OF DEATH
Jamule White OR DIVORCED (write the word)	(Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced	
(or) WIFE of July, Kadusila	1 HEREBY CERTIFY, That I altended deceased from 1933, to Ward 1938
6. DATE OF BIRTH (month, day, and year) Muy 27 /900	I last saw have alive on Wash 22, 1930; death is said
7. AGE Years Months Days If L'ESS than	to have occurred on the date stated ebove, at 7.5° P.m.
1890 33 8 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER Advances SAWYER, BOOKKEEPER, etc.	
9. Industry or husiness in which	2-9-32
work was done, as SILK MILL forme with nath	10 Alfalus
O 10-Date deceased last worked at this occupation (month and year)	D R A D D 11 00 3-20-3
0 7 1	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	The de contract that Vertally
	June And reference Technical
E PO CO	News of a section 24 At 8
4 14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis Warsley Was there an autopsy? (A
15. MAIDEN NAME MULY alle Works.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (State or country) Unggregation	Where did injury occur?
17. INFORMANT Rull Killeries	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Pan CHECKETS Canada	Manage of the transfer of the
Place Brunswood Date Much 2619 33	Manner of injury
Jasa & Aprilia	24. Was disease of injury in any way related to occupation of deceased?
19. UNDERTAKER Buensweet ma	If so, specify
20. FILED MAR 23, 1933 MM. H. B. H. LAND. Registrar.	(Signed) M.D. (Address) Physical M.D.
1	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 02936
1. PLACE OF DEATH	95:50
County Areafery (SR)	Registration Dist. No. 132
Village or City Afridalelown	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death grouped 29_yrsmos	
2. FULL NAME Mary Clinabeth	Pleiro
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR) DI ORCEDI write the word	May 6th 1933
5a. If merried, widowed, br. divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
maren, mare	, 19 , to May 6 4 , 19.3
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	I last saw h alive on 100 alive
/ L/ / O I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acute treat
9. Industry or business in which work was done, as SILK MILL,	attacle
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
this occupation (month and spent in this occupation occupation	(Freart factures)
12. BIRTHPLACE (city or town). Middle town	Other Contributory Causes of Importance:
(State or country)	
13. NAME / Harmon Kampberg	
13. NAME Aamon Kampberg 14. BIRTHPLACE (city or town). Middle Court	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME And Chigh ter 16. BIRTHPLACE (city or town). And Allefour	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) / / / / Addle from (State of country)	Accident, suicide, or homicide?, 19, 19, 19
(State or County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Alformed Cemelly Dete 1 arch 0, 1951	Nature of Injury
19. UNDERTAKER C. S. Mark ad Kill	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Middle town, May	If so, specify
20. FILED /TTar 6 , 1933 J. Toxigma James	(Signed) M. D.
Registrar. If more blanks are needed address State Registrar.	(Address) MALLACLAR (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
C-	t t		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (12927
1. PLACE OF DEATH	2
County Crederical TUBERCULOSIS SANATORI	
Village or City STATE SANATORIUM, MD. (if	N0St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How Jong in U.S. if of foreign birth?mosds.
2. FULL NAME Youard a)	Saft. 10 0 +
(a) Residence: No. 4608 Pall Mull (Usual place of abode)	Blood Ward. 12 al W. Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March 27198 3
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Gertrude Kraft	22. I HEREBY CERTIFY. That i attended deceased from Murch 26, 1933, to March 27, 19, 33
6. DATE OF BIRTH (month, day, end yeer)	I last saw h in alive on March 27, 19.33, deeth is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
5/4/15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
80 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Rad Mary ara Table Colorie
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and the state of the state o	170000000000000000000000000000000000000
this occupation (month and year) 11. Total time (years) spant in this occupation (month and year)	wn
2 0 × 101	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Date 10 · VN 4 ·	anthoma
13. NAME EDIAMOS CA KNOWN	
E CONTRACTOR OF THE PROPERTY O	Vivigina Contraction Cy
14. BIRTHPLACE (city or town) 15 al W 1 A	Name of operation Oate of
	What test confirmed diegnosis? The X nary Was there an europsy?
16. BIRTHPLACE (city or town) Balto Md.	C23. If death was dua to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?
(Stete or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT HOWA Q U. Traff. (Address) 4608. Pall Malka Ballo Ma	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place 13 at 10 Place Date	Nature of injury
19. UNDERTAKER M. F. Couper (Address) Thurmonthy and	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 3/7) , 1904 Miles Registrar.	(Signed) / Sloward S. / Slloffer M. D. (Address) State Sanatorum My
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlief morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. 1526 S. 312 Painter S. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE NUSBAND of (Or) Wife of 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (worthe the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day. hrs. or min. years of work done, as SPINNER, SAW MILL, BANK, etc. 8. Trade, profession, or particular kind of work done, as SPINNER, Or min. years or min. SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) Other Contributory Causes of importance:	Vard
Village or City Than Some St., Ward. Length of residence in city or town where death occurred	
Length of residence in city or town where death occurred	
Length of residence in city or town where death occurred yrs, mos. ds. How long in U. S. if of foreign birth? yrs. mos. 2. FULL NAME Oharles & Savigus & Sa	_ds.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED, (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) Wife of 7. AGE Years Months Days If LESS than I day, hrs. or min. SAWMIL, BANK, etc. 9. Industry or business in which work was done, as SPINNER, SAWMILL, SAW MILL, SAW MILL, SAW MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and yaar) Other Contributory Causes of importance: WEDICAL CERTIFICATE OF DEATH MARCH MEDICAL CERTIFICATE OF DEATH MARCH 10th (Month) 11st at lattended deceased from the date stated above, at 2 p. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Found dead, Entire body Crushed in railroad accident. Other Contributory Causes of importance:	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED, (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) Wife of 7. AGE Years Months Days If LESS than I day, hrs. or min. SAWMIL, BANK, etc. 9. Industry or business in which work was done, as SPINNER, SAWMILL, SAW MILL, SAW MILL, SAW MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and yaar) Other Contributory Causes of importance: WEDICAL CERTIFICATE OF DEATH MARCH MEDICAL CERTIFICATE OF DEATH MARCH 10th (Month) 11st at lattended deceased from the date stated above, at 2 p. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Found dead, Entire body Crushed in railroad accident. Other Contributory Causes of importance:	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The provided widowed, or divorced HUSBAND of (or) WIFE of 10 th	
March 10th (Month) (Day) (Yeer) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Months Days If LESS than 1 day. hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) Other Contributory Causes of importance:	maratisto.
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Other Coutributery Causes of importance:)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Other Contributory Canners of importance:	from
7. AGE Years Months Joys If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Other Contributory Canner of importance:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Other Contributory Canner of importance:	said
8. Trade, profession, or particular wind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Other Contributory Canner of importance:	nead .
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11804
yaar) occupation Other Contributory Causes of importance:	
Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town).	
(Stete or country)	
13. NAME Michel Loa Davidin 14. BIRTHPLACE (city or town) Date of Name of operation Date of	
What test confirmed diagnosis? Was there an autorsy?	No
15. MAIDEN NAME Ours Varlakis 23. If death was due to external causes (VIOLENCE) fill In also the following:	
15. MAIDEN NAME Critical Varkakis 16. BIRTHPLACE (city or town) April 16. BIRTHPLACE (city or town) April 16. State or country) 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide R. R. Accident injury 3/10, 19 3 Where did injury occur? B. & O. near buckeystown.	23
(Specify city or town, county and State) 17. INFORMANT 1013 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public Place	3 sir
18. BURIAL, SPEMATION, OR REMOVAL Plece Phila Pa Date unknown Nature of injury Body completely crushea.	
19. UNDERTAKER 6. E. Colicie Hong 24. Was disease or Injury in any way related to occupation of deceased? No (Address) Trakerick and If so, specify (2.1)	
20. FILED Mech 11, 1993 T. Cl. T. Couley M. Registrar. (Address) Free Well M.	M. D.

If more bland's are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronie interstinal nephritis	1921	Run over by street car	1 week ago
Cerebral hemerrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of Eurortance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT KECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, W.

H	
· o	
Z	
vi	
>	
-	

	Forederick		WITHIN CORPO	Registration Dist. No. 60	3/ Ward
	sidence in city or town where		Cure C mos	death occurred in a hospital or institution, give it NAME instead of street ds. How long in U.S. if of foreign birth?yrs	and number)
2. FULL N	08 1	Ov /0	2	100 long in 0.05.11 of longin until:	OSO
	7	ms.	our		
(a) Reside	ence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town	and State
PERSO	NAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEAT	
Male	4. COLOR OR RACE	5. SINGLE, MARE OR DIVORCED	(write the word)	21. DATE OF DEATH (Month) (Day)	, 193 สี (Year)
a. If married, wido HUSBAND of (or) WIFE of	owed, or divorced			22. I HEREBY CERTIFY, That I atter	nded deceesed from
DATE OF BIRTH	(month, day, end year)	Mar 30	1933	I last saw h	; death is sai
7. AGE Y	ears Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 2 2 Am. The PRINCIPAL CAUSE OF DEATH end related causes of importance	
8. Trade, prof	ession, or particular work done, as SPINNER,	1	or	were as follows:	Date of onse
SAWYE	work done, as SPINNER, R, BDOKKEEPER, etc		****	ρ	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		atill from			
SAW M 10. Date decea this occ year)	ILL, BANK, etcsed last worked at upation (month and	11. Total tir	me (years) It in this		
2. BIRTHPLACE (city or town) Great	erick	patton	Other Contributory Causes of Importance:	
. 1	untry) Mary	91			
	W 1	la courte	1.		
(State of	E (city or town) XI AM	cerevece	4	Name of operation	
15. MAIDEN N	AME Aline O	(Same	wood	Whet test confirmed diagnosis?	
16. BIRTHPLAC	E (city or town) Inoc or country) Mary	hevelle		23. If death was due to external causes (VIDLENCE) fill in also the folio Accident, suicide, or homicide? Date of injury Where did injury occur?	
7. INFORMANT _> (Address)	Norman :	B. Loul	y	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC	State) C PLACE.
8. BURIAL, CREMA	TION, DR REMOVAL	0	-301943	Manner of injury	
9. UNDERTAKER (Addiess)	Thomas V	P. Ris		24. Was disease or injury in any way related to occupation of deceased If so, specify	?
0. FILED 30 -	Ucele, 1933	Im, te	und	(Signed) O.S. Savore	М. Г

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1
			4

ADDITIONAL:	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

Dri Boooks

BINDING

FOR

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH If nonresident give city or town and State FY. That I attended deceased from Date of onset (Specify city or town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
Mau 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

NOIL

BINDING

FOR

RESERVED

MARGIN

infor-

plnods

If more blanks are needed, address State Redistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Fin out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cause of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis BUREAU	V. 3, 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
---------------------------------------------------	------------	---------	-------------	------------	----	-----------

ż

1. PLACE OF PEATH	3/3
County Frederick Md.	Registration Dist. No. /2/=
Village or City Frederick City Hospital	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?ms
2 - W A B - W A	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIO OWEO, OR DIVORCED (write the word) Surgel	21. DATE OF DEATH March 15, 193 3
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 15, 1933	lest saw h elive on , 19 ; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et. 4.20.m.
O O 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Congenital malfamation
9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc	Millim in eclosurais
year) - f occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) + Ne Struck (State or country)	
# 13. NAME Millard Monroe Main	
14. BIRTHPLACE (city of town) Buckeys Trong	Name of operation Oate of
(State of country)	Whet test confirmed diagnosis? Was there an au opsy?
15. MAIGEN NAME Mary Constance Stalling 16. BIRTHPLACE (city or town) Buckeystown	23, If death was due to external causes (VIOLENCE) fill in elso the following:
	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT M. M. Main (Address) Buckeystam, Md	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mt Chuttom france 3/16, 1933	Nature of injury
19. UNDERTAKER M. R. Celchison & Son (Address) Frederick, Med	24. Was disease or injury in eny way related to occupation of deceased? If so, specify
20, FILEO 16-Mar, 1983 Boxaf Mccully Registration	(Signed) / Clyd Mouler M. O. (Address) Puslingalow und
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

69639

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonilis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

FOR BINDING

MARGIN RESERVED

V. S. No. 1 N. B.—V

S1	ATE O	F MAR	YLAND-	CERTIFICATE	OF DEATH	02933
1. PLACE OF DEAT	dina	1	WITHIR CORP.	CRATE LOSS	Decision District	14/1
County	WVVVV	210001	./		Registration Dist. No.	
Village or City//	MU		2 (li	MoNo	itution, give its NAME instead of street	
Length of residence in city	or town where d	leath occurred	yrs,mos	ds. How long in U.S. II	f of foreign birth?yrs	mosds.
2. FULL NAME	with E	lisabe	the me	day		
(a) Residence: No		0		St., Ward.		
		(Usual place			If nonresident give city or town	
PERSONAL AND					CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR	OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	(Month) / (Day)	, 193 (Year)
5a. If married, widowed, or divorce HUSBAND of	ed	1				
(or) WIFE of home	2 W me	Cary		MAAON HEREB	Y CERTIFY, Than I atte	nded deceased from
e pare or single (mark)	No	1, th	IGM?	I last saw h_QA alive on	M M d d 18	33.; death is said
6. DATE OF BIRTH (month, day, 7. AGE Yaars	Months	Days	If LESS than	to have occurred on the date sta	11.11	, death is said
30	4	3	1 day,hrs.		ATH and related causes of importance	
8. Trada, profession, or par	ticular o	/	, 01	were as rollows:		Date of onset
kind of work done, a SAWYER, BOOKKEEP 9. Industry or business in work was done, as SI SAW MILL, BANK, et 10. Data dacassed last work this accupation (month	s SPINNER, ER, etc.	rusewef	<			~ 1
9. Industry or business in work was done, as SI	LK MILL.	/		MALL	11120	Yan
SAW MILL, BANK, et	C	11. Total ti	ima (years)	HYM	wwxu	
this occupation (mont yaar)	h and	sper	nt In this		····· <i>Q</i>	
to Department of (-in		na		Other Contributory Causes of im	portance:	1
12. BfRTHPLACE (city or town) (Stata or country)				NAME OF STREET	III MAXUA.	ada
13. NAME Henry	46	111		The state of the s		
13. NAME Henry 14. BIRTHPLACE (city or tow	n)	Gred -		Name of operation	Date Date	of
(Stata or country)	.,,	U		What test confirmed diagnosis?_	You Was there	an autopsy?
15. MAIDEN NAME	my Za	mille	7	23. If death was due to external c	auses (VIOLENCE) fill in also the foli	owing:
15. MAIDEN NAME 16. BIRTHPLACE (city or town	n)	na		Accident, suicide, or homiside?	Date of Injury	, 19
∑ (Stata or country)	0			Where did injury occur?		10
17. INFORMANT I W	mc (Dy	<u></u>	Specify whether injury occurred	(Specify city or town, county and in fNDUSTRY, in HOME, or in PUBLI	C PLACE.
(Addrass) Bunswick mg						
18. BURIAL, CREMATION, OR RE		Date mes	2/ 1983	Manner of Injury	/	
Placa Difference Date M. L. 1995				Nature of Injury	X	14.4
19. UNDERTAKER	1-172	ren	14- 1	24. Was disease or Injury in any	related to occupation of decease	12 120
(Address)	man	willo	1	If so, specify		4
20. FILED. MAL. 20., 19	33. th	D.N.S.	Registrar.	(Signed) (Address)	XALALITA I	-MARM.D.
	If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore,	Requesting U. S. No. 1.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

ADI	TIONAL SPACE	FOR FURTHER	STATEMENTS 1	BY PHYSICIAN	

FOR BINDING

MARGIN RESERVED

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02934
1. PLACE OF DEATH	(5)
county Frederick	Registration Dist. No. 154
Village or City Mf - St - Mary S	
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Joseph F. Min Au	igan
(a) Residence (No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAA 75-
Male Musical married	(Month) (Day) (Yeer)
e. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet I attended deceased from
(MA HIE OF June Ming Lugar	Nov. / 33 10 May 27 133
5. DATE OF BIRTH (month, day, and yeer) free 15= 1874	1 lest saw have elive on Man. 22 183 death is seld
AGE Yeers Months Deys If LESS then	to heve occurred on the dete steted above, et
57 9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
8. Trade, profession, or perticular	Carcing Celtarlet and Date of enset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	7.0/
9. Industry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Dete deceased last worked at this occupation (month and 1950 spent in this occupation occupation 30	
71 . 1 1 7 1-	Other Contributary Causes of Importence:
(Stete or country)	
1 1 1 4 0 1	
13. NAME Joseph Min Jungan	
(Stete or country)	Name of operation Date of
15. MAIDEN NAME Anna Tassell	Whet test confirmed diagnosis? Chin Cal Offace. Was there en autopsy? 20
13. MAIDEN NAME June Furell	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Tare Dian	Where did injury occur?(Specify city or town, county and State)
7. INFORMACE MILE MATERIAL MAT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR/REMOVAL	Manner of Injury
Place Hickory H Date Mar 36, 19. 33	
24 - 00 11 de	Neture of mjury
9. UNDERTAKER (C.) (Address)	24. Wes disease or Injury In any way related to occupation of deceased?
7. 711 6.00	(Signed) Will, Calle M.D.
20. FILED Mes 23., 19.33 If I The Street	(Address) Zumetter Med.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
00.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1	Lance Control of the	

STATE OF MARYLAND-CERTIFICATE OF DEATH infor-OCCUPA 1. PLACE OF DEATH should item of Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. iI of foreign birth? ______yrs. ____mos. ____ds. Length of residence in city or town where death occurred statement 2. FULL NAME CORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (wfite the word) unua BINDING 5a. If married, widowed, or divorced HUSBAND of ERTIFY, That & attended deceased from (or) WIFE of 6 6. DATE OF BIRTH (month, day, end year) certificate 7. AGE Years Months Days If LESS than to have occurred on the date stated ebove, at FOR 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. 8. Trade, profession, or particular THIS. OCCUPATION kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc._ may back 9. Industry or business In which should work was done, as SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked at fl. Total tima (years) spent in this this occupation (month and occupation _____ instructions Other Contributory Causes of importance: MARGIN 12. BtRTHPLACE (city or town (State or country) terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation. plain (State or country) What test confirmed diagnosis?________ carefully MOTHER f5, MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: important in Accident, suicide, or homicide? ______ Data of injury ______ f9 DEATH f6. BIRTHPLACE (city or town (State or country Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. **f7. INFORMANT** should (Addrass) OF 18. BURIAL, CREMATION: OR-REMOVAL Manner of Injury WRITE CAUSE Nature of injury 24. Was disease of injury in any way related to occupation of deceased? f9. UNDERTAKER If so, specify 2 (Signed)

Z

Date of onset

Was there an autopsy?

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state ECORD. Every Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. N. B.-WRITE PLAININ, WITH UNFADING INK-THIS IS A PERMANENT be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may

V. S. No. 1

item of infor-

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02936		
1. PLACE OF DEATH	(L2)		
county frederick,	Registration Dist. No. 15-7		
Village or City Plane 4. = P. F. D. Mrt. as	No. St. Ward		
Length of residence In city or town where death occurredyrs	death occurred that a hospital or institution, give its IVAIVIE. (astead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.		
2. FULL NAME theresa Marie moyle	y		
(a) Residence: No. Same (Usuai place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Market	21. DATE OF DEATH Month 14 = 193.3. (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUGBAND of Stanley D. Moopley 2	22. I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) 1896 - 4 + 18			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 P. m.		
36 11 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation.	Other Cantributary Causes of importance:		
12. BIRTHPLACE (city or town) Sullabrus (State or country)			
C 13. NAME Zestenson			
13. NAME LIMITARY 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? . V.A		
置 15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide securical Date of Injury 3 1 4 , 1933 Where did Injury occur? hear home - # 4 - Fed. 6. md		
17. INFORMANT Mer. Stanley D. mofley. (Address) P. F. J. mt. Jeany, Jud	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Marini Chapel County Mar. = 17 = 19.9.3	Manner of injury Pistal Wol: Nature of injury Gun shot wed in head		
19. UNDERTAKER 6: M. Maltz. (Address) Hus field Field,	24. Was disease or injury In any way related to occupation of deceased?		
20. FILED May 15, 1935 yr m & talry Register.	(Signed) Stanley trabile Grown Stormer Pathing		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nuchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

02937

week

THE PACE OF DEATH	(16:20)
County Frederick	Registration Dist. No. 132.
Village or City Middle town	NoSt War
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
~	_mosds. How long in U.S. It of foreign birth?yrsmosd
2. FULL NAME CORDELIA A.C.	lorris
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWE	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the word	21. DATE OF DEATH Was 8 Lh
emale White Widowed	(Month) (Day) (Year)
a. It married, widowed, or divorced HUSEAND of (or) WIFE-of WILLIAM H. NOYYIS	22. I HEREBY CERTIFY, That i attended deceased the
DATE OF DURING AND A 18 11	i last saw hare elive on Mark 8 , 19 death is sa
DATE OF BIRTH (month, dey, end year) AGE Years Months Days If LESS the	
a 1 1 1 1 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, protession, or particular	were as tollows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	(10 to 10 10 10 10 10 10 10 10 10 10 10 10 10
9. Industry or business in which work was done, as SILK MILL,	cette congrunding realing
SAW MILL, BANK, etc.	and Collabor trong
f this occupation (month and 2 hauf th fill?	2 x da vale
year) occupation	Dther Contributory Causes of importance:
2. BIRTHPLACE (city or town) Middletown	Fell and land on
(State or country) Maryland	- on floor fer you 8 her
13. NAME 1522C 7. LOTTS	before formal
13. NAME SZZC T. LOZZC T. LOZZ	Name of operation Date ot
(State of country)	What test confirmed diegnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) 1773 ddlelovy N	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 177 ddletown	Accident, suicide, or homicide? Date ot injury, 19
(Stete or country) Transland	Where did injury occur?
7. INFORMANT MR. AMOS Shafer (Address) Middletown Md.	(Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place LUTheran Cen Date March 10, 19.	Nature of injury.
9. UNDERTAKER C.T. K. Gladhill	24. Was disease or injury in any way related to occupation of deceased?
The state of the s	(Signed) RV Haces M
0. FILED THON, 2., 19.3.3 D. Correspond Queen	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(0) (0)
County Fuducale	Registration Dist. No. 138
	No Reggo College Saulasium St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred	
(a) Residence: No. 220 E Biddle (Usual place of abode)	St., Ward. Ballineare, W.A. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH S - , 193 V (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Musualles	22. HEREBY CERTIFY, That I attended deceased from aug 17 - 1928, to march 5 - 1933
6. DATE OF BIRTH (month, day, and year) 5 ~ 17 - 1859	I last sow has alive on 3 - 8 - ,1922; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
73 9 21 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and second in this occupation (month	arteriosalirasis 1927
9 Industry or business in which work was done, as SILK MILL, Private Families SAW MILL, BANK, etc	Organic Dunilia 1928
10 Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation the second spent in the secon	
12. BIRTHPLACE (city or town) Baltinasse Wed (State or country)	Other Contributory Causes of importance:
13. NAME Muleum	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Clause Was there an autopsy?
15. MAIDEN NAME Muleuseure	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Miss Sopline R. Pill (Address) 220 E. Bildle St. Balliuse Wed	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place Breath on REMOVAL Compate Place 1, 1933	Manner of injury
19. UNDERTAKER E GOOD TO A CONTROL OF THE CONTROL O	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Mar. 9, 1933 Lucian K. Falconer Registrar.	(Signed) Leage M. D. (Address) Lyanisolite Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

6.6	6 1	CI	13	13
0	6	37	13	11
		-		47

1. PLACE OF, DEATH	(A)
County Frederick	Registration Dist. No. 145
Village or City Myerovelle	No. St. Ward
Length of residence in city or own where death occurred 50 y	(If death occurred in a hospital or institution, give its NAME instead of street and number) orsmosmosds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Meno Bittle Ooff	inberger
(a) Residence: No. (Usual place of abo	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	LARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (w) Married	rice the word) 11/1000 ft 26
5a. If married, widowed, or divorced HUSBAND of Margie 6. Office (or) WIFE of	erger 22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1932 to March 26,1933
	I last saw heart alive on Mauch 26, 19 33; death is said to have occurred on the date stated above, at 10 57m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trede, profession, or particular kind of work done, as SPINNER, Contracto SAWYER, BODKKEEPER, etc Contracto SAWYER, BODKKEEPER, etc Contracto Work was done, as SILK MILL, Poadsand U.S.AW MILL, BANK, etc 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Total time (v. 10. Date deceased last worked at 11. Date	Myocarbial failure Pridges Mitral Requirgitations Mitral Requirgitations
12. BIRTHPLACE (city or town) Near Myersvill (Stete or country) Maryland	Dither Coutributory Causes of importance:
13. NAME David J: Ooflinber 14. BIRTHPLACE (city or town) mean Myerse	ger Aferaula Recheers Ofreprocess La Estiane Date of Date of
(State or country) maryland	What test confirmed diagnosis? Was there en autopsy? App.
15. MAIDEN NAME Shorta V. Alexand 16. BIRTHPLACE (city or town). Burkettsville (State or country) mayland 17. INFORMANT May, Magie & Poffing (Address) My apoville. Im au	23. If death wes due to external causes (VIDL ENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, ENEMATION, OR REMOVAL Place D. K. Gaul's Centh bent tour myersville	Manner of injury
19. UNDERTAKER Bittle Brothers, (Address) Myersville, Mari	24. Wes disease or injury in any way releted to occupation of deceased? No
20. FILED March 28, 1933, William S. W.	Registrar. (Address) Mescapulation (Address) Mescapulation (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ini	S	10	1	١
of	plu	000		1
em	shor	f 0		
it.	(D)	10		
rery	Y	ent		
Ev	CI	tem		
RD.	YSI	sta		
00	PH	ct		
RE		Exa		
L	LY	Ţ.		
E	T	fled.		
AN	AC	ssif		
RM	×	cla		
PE	回	rly	ate	
A	ted	per	tific	
IS	sta	pre	cert	
HIS	pe	pe	TION is very important. See instructions on back of certificate.	
-T.	pli	ay	ck	
IK-	shor	t m	ı ba	
Z	田	at i	O S	
NG	AG	thi	ions	
DI		86	ucti	
FA	lied	ms,	Istr	
S	ddn	ter	e in	
H	N S	ain	Be	
F	En.	2	14.	1
	ref	T.	tan	1
ILY	60	TI	poi	
H	l be	EA	im	
PL	onlo	FI	ery	
	shc	0	200	
Liz	no	SE	Z	
WE	nati	AL	TO	
~	=		1	
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of inl				
# 1				

MARGIN RESERVED FOR BINDING

11		CERTIFICATE OF DEATH 62940
1	1. PLACE OF DEATH	98
V	The tent	Registration Dist. No. 277
	Village or City January of (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or town where death occurred Z. yrs. 11mos.	18 ds. How long in U.S. if of foreign birth?yrsmosds.
1	2. FULL NAME Sophia Susanna P	nlier
	(a) Residence: No. Thursant	St., Ward.
200	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
-	Kemale While Widowed	(Month) (Day) (Year)
•	ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That I attended deceased from
	Manken ousses	Jan 26th, 1933 10 march 16, 1933
-	5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	1 last saw h 22 alive on March 1933; death is said
	7 7 1/ 10 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
2	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	were as follows: Service Gangrene Jan 26
4	9. Industry or business in which	
NOTE A PERIOD	work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et	
č	this occupation (month and 193 spant in this 72	
1	12. BIRTHPLACE (city or town) Thursday	Other Contributory Causes of importance:
_	(State or country) Freder 4	
FATHER	13. NAME George H Davis	
FAT	14. BIRTHPLACE (city or town) Apparel for	Name of operation
2	(State or country) 15. MAIDEN NAME S	What test confirmed diagnosis? Was there an autopsy?
I	- Justin Junion	23. If death was due to external causes (VIOL ENCE) fill in also the following:
ž	16. BIRTHPLACE (city or town) - 121 amfelorial (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
1	7. INFORMANT Arg Ray Herral The	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, er In PUBLIC PLACE.
I	8. BURIAL, CREMATION OR REMOVAL	Manner of injury
_	Place Affreeness Dato 12 Chr 2/ 1923.	Nature of injury
1	9. UNDERTAKER Millfrade 24 Corelans	24. Was disease or injury in any way related to occupation of deceased? 250
	10. FILED March 20, 1933 Arma M. Jones	(Signed) A D. D. Mysung M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	i de la companya de l	Example II	
The principal cause of dea of importance were as foll	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	100 0 ton	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MARK 10: 10:00	1921	Run over by street car	1 week ago
Cerebral hemorrhage 4	BUREAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	ATEMENTS BY PH	·

FOR BINDING

11	6)	9	A	1
V	4	J	4	1

1. PLACE OF DEATH			(94)	
County Frederick			Registration Dist. No. / 2/ 3	5
Village or City Rear Jef	ferson		NoSt.,	Ward
length of residence in city or town w	here death occurred		death occurred in a hospital or institution, give its NAME instead of street and	
			10- 10- 10- 10- 10- 10- 10- 10- 10- 10-	1031-222-1401
2. FULL NAME	ilmore Hic	9		
(a) Residence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STAT			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE		RRIED, WIDOWED.	21. DATE OF DEATH	
lale hie	OR DIVORCE	ED (write the word)	larch 30,	, 193
5a. If married, widowed, or divorced	- old # 25 5		(Month) (Day)	(Year)
HUSBAND ot (or) WIFE of			22. I HEREBY CERTIFY. That I attended	
	T		Mar 30 ,1933, to Mar 30	
6. DATE OF BIRTH (month, day, and year)		1856	I last saw hill alive on troh 30, 19.7.7	; death is sald
7. AGE Years Month		It LESS than I day,hrs.	to have occurred on the date stated above, at	
77 2,	15	ormin.	were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc.	Retired		Unknown probably	
9 Industry or business In which			Carnay Thronback	
kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc	lasterer			
10. Dete deceased last worked at 19 this occupation (month end	2.5 11. Total	time (years) 50 ent in this		
year)	occ	upation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)(State or country)	yland		Other Countralies Courses of Importance.	
13. NAME George B. Ri	ce.			
13. NAME George B. Mi	and		Name of operation. Date of	*
(State or country)			00 0	autopsy? To
15. MAIDEN NAME Catherine	Ann House		23. If death was due to external causes (VIOLENCE) fill In also the followin	g:
15. MAIDEN NAME Catherine 16. BIRTHPLACE (city or town)	ryland		Accident, suicide, or homicide? Date of injury	, 19
(State of Country)			Where did injury occur?	
17. INFORMANT lrs. Newton	Keller,		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	
(Address) Jefferson,	1.d.			
18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury	
Place Jefferson, 1d.	Deteb_X	19.00	Nature of Injury	
19. UNDERTAKER R. Rtchi (Address) Frederick	son & Son		24. Was disease or injury in any way related to occupetion of deceased?	7/•
20. FILED 31-hman , 1938	rosa m	elevely Registrary	(Signed) . Laclor Buis (Address)	M. D
If	more blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the same of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 day's ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		,	

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 02942
1. PLACE OF DEATH	(8)
county Tresquike City Hospilas	Registration Dist. No. $/2/=$
Village or City Frederick NITMS	No. City A rfulal St., Ward
Length of residence in city, or town where death occurredyrsmmo	f death occurred in a pospital or institution, give its NAME instead of street and number) sds Howlong In U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Edward Rus	ly tr.
(a) Residence: No.	I sa Ward middletown, mo
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH 27, 1933 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 3-27-33	I last saw hem alive on March 27, 1933; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at3_P_m.
0 1 day,hrs.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc. 10, Date deceased last worked at this occuration (month and	10 '-4'
work was done, as STLK MILE, SAW MILL, BANK, etc.	terftyxtation
10. Date deceased last worked at this occupation (month and) spent in this occupation occupation	
The See the Horas Hola	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) The discussion (State or country)	Contracted Polar
13. NAME 71) ellicin Edward Rudin	- Shrunces Teach
13. NAME William Edward Rudy 14. BIRTHPLACE (city or town) Frederick Coff	Name of operation to reeps Hugh Date of Mar 1)
(State or country)	What test confirmed diagnosis? Was there an au'opsy? To
15. MAIDEN NAME Esther Grace Onel	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Esther Grace Onel 16. BIRTHPLACE (city or town) Fredució Co	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT . V. Edward Rudy.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Widdletown, Nd. 18. BURIAL, CREMATION, OR REMOVAL	
Place iddletown, 1da Date Parch 28, 1953	Manner of injury
	Nature of injury
19. UNDERTAKER M. R. Etchison & Son. (Address) Frederick, 3	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2 f. mar., 19 3 3 door melus	(Signed) (Address)
If more Wanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

F	Example I		Example II	
The principal cause of de of importance were as follows:	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	- TT S	July 5,1927	Peritonitis	3 days ago
	BURRAU			
	The second secon			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

S should to of OCC		city Frederick	e death occurred		No. St., If death occurred in a horpital or institution, give its NAME instead of street and num os. ds. How long in U.S. if of foreign birth? yrs. mos.	
PHYSICIANS of statement	2. FULL NA	ME George	Tilliam Ga	ller	St., Ward. If nonresident give city or town and Ste	
Exact	PERSON	NAL AND STATIS	TICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
L Y	3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Larch 27, (Day)	
ACTI assified.	5a. If merried, widow HUSBAND of (or) WIFE of	ed, or divorced Bertie M. D	utrow.		22. SI HEREBY CERTIFY, That I ettended docu	
E X cls		(month, day, and year)			I last saw has alive on Man 27 1935 di	
stated E properly certificate	7. AGE Yes	Months 10	Days 5	If LESS than 1 day, hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
INK—THIS should be t it may be on back of	kind of SAWYER 9. Industry or work wa SAW MII 10. Date decess this occu	ussion, or particular work done, as SPINNER, bookKEEPER, etc. business in which s done, as SILK MILL, LL, BANK, etc. ed last worked at apation (month and LUE)	ederick C	Pristale		
oplied. AGE erms, so that instructions	12. BIRTHPLACE (ci	ity or town) _ Maryla	nd	Other Coutributary Causes of importance: Authorism to Buildy		
illy supplied plain terms, . See instru	14. BIRTHPLACE	eorge R., Jal E (city or town) Maryl r country)		Neme of operations of the Public War Dete of Set What test confirmed diagnosis? Was there an autop 23. If death was due to external causes (VIOLENCE) fill he also the following: Accident, suicide, or homicide? Date of Injury Where did Injury occur?		
TH In	15. MAIDEN NA 16. BIRTHPLACE (State of	Tarvle				
should be OF DEM		rs. Geo	Salter.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Manner of Injury		
		Olivet Cen. 1		Nature of injury 24. Was disease or injury in any way related to occuration of deceased?		
mation s CAUSE TION is	19. UNDERTAKER					

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago
	and the second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gostroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. H UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE C	OF DEATH.	OF MAK	ILAND	CERTIFICATE	OI DEAI		02349
County	Triding	ch-	WHEN OR	DEPOSATE CINITS OF	Registration Di	st. No.	21
Village or	City Banan	anne	h	No.		St.	Ward
				death occurred in a hospital or instit		nstead of street and	number)
	sidence in city or town wher	e death occurred	yrsmos	sds. How long In U.S. if	of foreign birth?	yrsm	osds.
2. FULL NA		HIL	MANNE	7			
(a) Reside	nce: No.	(Usual place	of abode)	St.,Ward.	lf nonresident giv	ve city or town and	State
PERSO	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL C	ERTIFICATE (OF DEATH	
3. SEX	4. COLOR OR RACE	OR DIVORCE	RRIED, WIDOWED, (D (write the word)	21. DATE OF DEATH	mor.	18	, 193
5a. If married, wido	wed, or divorced	1 hours			(Month)	(Day)	(Yeer)
HUSBANO of (or) WIFE of	um Ila	toes		22. THEREB	Y CERTIFY.	Thet I attended	deceased from
	10: - 0100	02 0	1881		, 19, to	3	, 19
	(month, day, end yeer)	Oays	If LESS then	to have occurred on the date state	ted above at S A	, 19=	_; death is said
3	3 2	G	1 day,hrs.	The PRINCIPAL CAUSE OF DEA			
8. Trade, prof	ession, or perticular		ormin.	were as follows:			Oate of onset
SAWYE	work done, as SPINNER, R, BOOKKEEPER, etc	solicitor f	moale	welver) clex rai	<u> </u>	455
9. Industry or work w	business in which as done, as SILK MILL, ILL, BANK, etc	andres to	housairbes				gos
U 10. Oate decea	sed last worked at		time (years)	-			
1 - 1 (1113 000	upation (month end	occ	upetion	Other Contribution Comments			
12. BIRTHPLACE (city or town)	a A		Other Contributory Causes of Imp	Portance:		
(State or co	untry)	LIA .	-	Des	rance		
13. NAME	onas to y	narlin					
14. BIRTHPLAC	CE (city or town)	377		Name of operation		Oate of	······
	0-	Bleva	Lea	What test confirmed diagnosis?			
E		aaxa	nau l	23. If death was due to external ca			
State	CE (city or town)	ma		Where did injury occur?			
17. INFORMANT	FA marti	No.		Specify whether Injury occurred		wn, county and Stat E, or in PUBLIC PL	
	TION, OR REMOVAL	0-0	/	Menner of Injury			
Place	oxcille med.	Oete Much	47 ,1933				
19. UNOERTAKER _	68 F33t2 9	Ison	0	24. Wes diseese or injury in any	way rele ed to occupe ti	of deceesed?	
(Address)	Dunne	isch my	X . 1	If so, specify		7.11	
20. FILEO. W.	U 201933 V	ms. 7.	1. Hidaso	(Signed)	you !	TUESOL	M.D.
			Registrar.	(Address)		- cortest	

CTATE OF MADVIAND_CEDTIFICATE OF DEATH

1.66.41

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work donc.
- 9.-The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.	9.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state CORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, W

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(2945)
County be derick	Registration Dist. No. / 3 /
1111-	No Manuelus Hands St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Layrs,Dmos.	Ods. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Stulling	
(a) Residence: No. The Lenels	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH .
male white warred	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wary E Servode	22. I HEREBY CERTIFY, That I attended deceased from hum. 2 / 1933 to hum. 1 2 1933
6. DATE OF BIRTH (month, day, and year) Soph 17, 1849	l last saw hair elive on hav. 21 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, at 10.50 Åm.
8 H 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Herria - right inguinal Date of onset
SAWYER, BOOKKEEPER, etc. Jahren Laboren	strangulated his vo
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	0
SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month end year) spent in this occupation occupation	
The state of the s	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) VV Quy	Derulity 24
	Sangrens of Futestine how VI
E 00000 000000000000000000000000000000	Name of operation / humorrhaphy Date of him v!
[14. BIRTHPLACE (city or town)	7
	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) MA-GANGE (State or country)	Where did injury occur?
17. INFORMANT James Q Jones Supt	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) My Wenge House Land KMd 18. BURIAL, CREMATION, OR REMOVED.	Married & American Company of the Co
Place Flint 19 sell Com. Date March, 28, 19 \$3	Nature of Injury
19. UNDERTAKER AM Sarfolic (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 24 - branch 198 3 orsa precules	(Signed) Frank WWorldwelv M.D. (Address) Fudence Wid.
If move blanks are needed address State Divine	David N. Charles Street Beltimore Permetting 71 C No -

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1 2 3 3 1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1933	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

info	stat	UPA	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT ACORD. Every item of infor	pluo	CAUSE OF DELAH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	1
iten	sh	Jo	
very	ANS	nent	
D. E	SICI	tater	-
COR	PHY	ct s	
B	۲.	Exa	
ENT	LL	ed.	
IAN	AC	ssifi	
ERM	EX	cla	e.
A P	ed	perly	ificat
IS	stat	pro	certi
HIS	be	be .	jo :
T—X	pinou	may	back
IN	E sl	at it	no s
ING	AG	o thi	tions
FAD	ied.	ns, s	truc
UND	lddn	tern	e ins
H	ly s	lain	Se
·	reful	in I	tant.
TEY,	5	F	por
LANT	14 ·b	á	y in
E Pl	shou	OF	TION is very important. See instructions on back of certificate.
RITI	ion	USE	Z is
-W	mat	CAI	LIO

MARGIN RESERVED FOR BINDING

1 0 0

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Frederick Registration Dist. No. Near Buckeystown (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs mos. ds. How long in U.S. if of foreign birth? yrs, mos, ds. 2. FULL NAME George Jacob Specht (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) white male married (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from Betty Smith (or) WIFE of 6. DATE OF BIRTH (month, day, and year) April 25. 1868 to have occurred on the date stated above, at 5-39 m 7. AGE Years Months If LESS than Days 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 10 64 or min. 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, FORDER SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 2/33 11. Total time (years) spent in this occupation _____ Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) Maryland (State or country) FATHER 13. NAME Michael 14, BIRTHPLACE (city or town) Name of operation ... (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER 15. MAIDEN NAME Elizabeth A. 23. If death was due to external causes (VIOLENCE) fill in also the following: Penna. Accident, suicida, or homicida?_____ Data of injury______ 19____ 16. BIRTHPLACE (city or town).

(Stata or country) Where did injury occur?_____ (Specify city or town, county and State) Mrs. Geo. J. Specht. Specify whether injury occurred in INDUSTRY, in ROME, or in PUBLIC PLACE. 17. INFORMANT Adams town, 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Place t. Olivet Cam. Fred Date March 6. 1933 Natura of injury. 19. UNDERTAKER M. R. Etchison & Son. 24. Was diseasa or injury in any way related to occupation of decaased? (Address) Frederick. If so, specify 20. FILED Meh 4, 1933 Taled) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
13			
, mark	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WE

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(C)
County reduced	Registration Dist. No. 144
Village or City Thurman	NoSt.,Wa
(If Length of residence in city or town where death occurred 13 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds
2. FULL NAME Hattie Elizabet	th Stambough
(a) Residence: No. Thursday	St., Ward.
(Usual place of abode)	If ponresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Month (Month) (Day) (Yeer)
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of Chap. 6. Stambaus	P. I HEREBY CERTIFY, That I ettended deceased fr
EDATE OF BIRTH (mostly day and man)	I last saw he alive on 3/17", 1933; death is si
7. AGE Years Months Days If LESS than	to have occurred on the date stated above et A.m.
64 9 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Gulliona Thrombons (3/16/1)
kind of work done, as SPINNER, Hausen	0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this pecupation (month and the state of	Chronic endocarditio 1951
11. Total time (years) this occupation (month and Much 193 year) vear)	
12. BIRTHPLACE (city or town) Creaguston (State or country)	Other Contributory Causes of importance: Dialities mellitus
13. NAME 13. NAME 14. BIRTHPLACE (city of thum). Creaguest	
14. BIRTHPLACE (city or town)	Name of operation Dete of
	What test confirmed diagnosis? Description Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide?
Plant III	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Turner Many	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL N. Burn m. 1	Manner of injury
Place human Date Muh 19,19.33	Nature of injury
19. UNDERTAKER John Creage Han	24. Was disease or injury in any way related to occupation of deceased?
20. FILED March 18 , 1933 linna M. Jones Registrar.	(Signed) Corris la Bank, M. (Address) Thurman Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more Hanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			
		•	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	N
-----------------------------------------------------	---

(N. B.—WRITE PLAINLY, World UNFADING INK—THIS IS A PERMANENT CORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
ING	CTLY. PH Sified. Exact
MARGIN RESERVED FOR BINDING	IS A PERMA stated EXA properly clas certificate.
RESERVED	G INK_THIS GE should be that it may be us on back of
MARGIN	I UNFADIN y supplied. A ain terms, so t See instructio
•	Id be carefull, beating in play important.
V. S. No. 1	WRITE PI mation shou CAUSE OF TION is ver
N. S.	Z B

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 02950
	V 82-d
County The dericks	Registration Dist. No/ 2/
	No. No. War feel or institution, give its NAME instead of street and number)
\wedge \wedge \wedge $+$ $+$	sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Juseph Stort	1000)
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH War L. FO (Poer) (Year)
5a. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY. That I ettanded deceased from 19.33, to March 9, 19.33
C DATE OF DIDTH (and)	I last saw how alive on March 9 1937: death is se
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then	to heve occurred on the date stated above, at 12.3.0.0 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ware es follows: Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass In which work was dona, as STLK MILL, SAW MILL, BANK, etc. 10. Date decaesad last worked et this occupation (month and	Right Burnsphlegies Feb 2
9. Industry or business in which	The state of the s
work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Date decaesad last worked et this occupation (month and yaar) 1.5.3	
· · · · · · · · · · · · · · · · · · ·	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) W and a (State ar country)	
	-
(State or country)	Name of operation Date of
	What tast confirmed diagnosis? Was there an autopsy?
San	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
E (State or country)	Accidant, suicide, or homicida? Date of injury, 19 Where did injury occur?
17. INFORMANT Lawes. a. Junes Quet (Address) Montesper House Sured	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Horaston Data 1/2 , 1933	Nature of injury
19. UNDERTAKER Parell & Albangh (Address) The Market	24. Was disaase or injury in any way related to occupation of deceased? Not
20. FILEDI March, 1933 Som mechale	(Signad) Dolice M. M. (Address) And Luciky
If more bland are needed, address State Repostrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

1. .

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis A A A A A A A A A A A A A A A A A A A	3 days ago
		VEB 2 7832	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state Exact statement of OCCUPA-CORD. Every item of infor-PHYSICIANS mation should be carefully supplied. AGE should be stated ENACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. E A PERMANENT FOR BINDING IS UNFADING INK-THIS MARGIN RESERVED HLAINLY, B.—WRITE

1. PLACE OF DEATH		(31)	A.
County Hudenon	·	Registration Dist. No. / 3/=	
Village or City Jeffusous Langth of residence in city or town where death occurre	24/	NoSt., (If death occurred in a hospital or institution, give its NAME instead of street and number of the control of t	_War
2. FULL NAME Mora O	mcello	hormas	
(a) Residence: No. Jefferson (Uoua	Mnd Iplace of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
2 1 April 1- OR AIN	MARRIED, WIDOWED. ORCED (write the word)	21. DATE OF DEATH Max 2/ (193 (193)) (193)	3 (ear)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Allas In	romas	22. I HEREBY CERTIFY, That I attended decease No. 1932 to May 24 1	
DATE OF BIRTH (month, day, and year) 2-9-	1872	I last saw have alive on Man 12 , 19 32; deat	
. AGE Years Months Day	s If LESS than	to have occurred on the date stated above, at 2 - P.m.	
61 1 1	2 1 day, hrs. ormin.	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance	ofonse
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER BOOKKEFPER etc.	1/	Clarine Hypeardelis .	~~~
, , , , , , , , , , , , , , , , , , , ,	eurge	Mys cardel by firelify + allelin	
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Went delitath of the art.	
10. Date deceased last worked at this occupation (month and	Total time (years) spent in this occupation	· ·	
12. BIRTHPLACE (city or town) Bluemont	De	Other Coutributory Causes of importance:	
(State or country)	va,	atendelmis	
13. NAME Frank Onice	ell		
14. BIRTHPLACE (city or town) Surcel	ville	Name of operation Date of	
(State of country)	111	What test confirmed diagnosis? Church Was there an autops	100
15. MAIDEN NAME Mary La	u	23. If death was due to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of Injury, 1	9
(State or country)	ma	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT C Selas Thom (Addrass) Telkerson Fred	as 46. md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	1- Clives-	Manner of injury	
Place Preclevel M. Date	3-24 ,193	Nature of injury.	
19. UNDERTAKER Hang & Ca. (Address)	1/ml	24. Was disease or injury In any way related to occupation of deceased?	
20, FILED 23 March 93 3 Porce . In	recensle .	(Signed) a Select Bree Mg	M.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	James Pro		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1230C
County Treduces	Registration Dist. No. / 41
Village or City Brung with	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Thou	ups
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word)	21. DATE OF DEATH 7. 2/ 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HE SEBY CERTLEY, That attended deceased from
6. DATE OF BIRTH (month, day, and year) Truc ex 23/33	I last saw h alive on my 26, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wer 3 follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	(agent over an have
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. I Date decessed last worked at this occupation (month and	Ato College Suggest State
work was done, as SILK MILL, SAW MILL, BANK, etc.	this was busined by
	Shaza dis
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State propuntry)	
13. NAME OF TRAY OF THE TAX TH	
4. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis?
= 0 /	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT (Address) Aug 9. Theres	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Place Oate Oate 1932	Neture of injury
19, UNDERTAKER C. N. P. L. V. F. L. V.	24. Wes disease or injury In any way related to occupation of deceased?
20. FILEO (WY 2) , 19 33 Registrar.	(Signed) A. D. (Address) A. D. (Address)
	2411 N. Charles Street, Ballismore, Requesting D. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH should Registration Dist. No item Length of residence in city or town where death occurred 2. FULL NAME PHYSI CORD. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than FOR 1 day, ____hrs. or min. 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.___ RESERVED may back 9, industry or business in which plnods work was done, as SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that year) occupation. Other Contributory Causes of importance MARGIN 12. BIRTHPLACE (city or town)

(If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Year) HEREBY CERTIFY. That I ettended deceased from to have occurred on the date stated above, at 4. 30A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset Name of operation_ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ 19____ Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury If so, specify

instructions plain efully ij. DEATH should OF CAUSE LION

FATHER

MOTHER

(State or country)

15. MAIDEN NAME

19. UNDERTAKER (Address)

14. BIRTHPLACE (city or town).

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Com 8 Haller	>		
Other contributory causes of importance!		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1			

r- te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH-	20 17 0
o Electronic	County CTRE ALVERTHOUSE SALARIA	Registration Dist. No. / 5 7
item sho	Village or City	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		2 2 ds. How long in U.S. if of foraign birth?
D. Every SICIANS tatement	2. FULL NAME Jacob Trax	of ot he
ND.	(a) Residence: No. 1026 Bruscoe St.	St., Ward. 10 al to Md.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
E.	Male White OR, DIVORCED (write the word)	(Month) (Day) (Yaar)
	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
BINDIN PERMANI E X A C C y classificate.	(or) WIFE of	march 26, 132, to March 8, 1932
BIN ER EX cl y cl	6. DATE OF BIRTH (month, day, and year.) 0 ct 5, 1906	I last saw him alive on March 18, 1933; death is said
R A P ed ed	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
FOR E IS A Pl stated l properly certificat	26) 1 /) ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, Chauffeur SAWYER, BOOKKEPER, etc.	Rus monara Jules culosio
RESERVED G INK—THIS GE should be that it may be ons on back of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	() ////////////////////////////////////
ERV	SAW MILL, BANK, etc	
RESI VG IN AGE SI that it ons on	this occupation (month and fab-1932 spant in this 540 occupation 540	
	12. BIRTHPLACE (city or town) Maryland.	Other Contributory Causes of importance:
AD AD sd. s, s, s, ruc	(State or country)	
ARGIN UNFADI upplied. terms, se	13. NAME Voche Tray	
M. U. V. Sul ain t. See	14. BIRTHPLACE (city or town)	Name of operation Date of
Wr. efully in pla	COD V	What test confirmed diagnosis?
9.5.5		23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
T T T T	16. BIRTHPLACE (city or town).	Where did injury occur?
AID BLAIN	17. INFORMANT Lacob Trayp (on admission)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
PLA Should OF D	(Address 1026 Briscoe St. Balto md?	
- E - E - E	Place B Ce D Mu Data unknown	Manner of injury
WRITE mation s CAUSE TION is	MA S. Call es GOA	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
TI CE	19, UNDERTAKER (Address) (Address) (Manual Manual M	If so, specify A.T. + A.D.
S. B.	20, FILED 3/4 1930 /3/CC	(Signed) Sluaffer M. D
5 Z	D	(Address / 10 to 10 and 1 A) 1 and - Mil

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis // D	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
G G			X. ,
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
BULLIANT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. I UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.—WRITE PLAINLY, W.

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
£. 1	1421
County Frederick	Registration Dist. No.
Village or City feet wy away	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where leath occurredyrsn	os. ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Infant Bouel	nake (Tropell)
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED. (rurite the word)	21. DATE OF DEATH March 12, 1933 (Month) (Oay) (Year)
a. If married, wildowed, or divorced	(munth) (bay) (rear)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
h 15.0 15.	, 19, to, 19, 19
. DATE OF BIRTH (month, day, end year) Murcles 12 193	
AGE Years Months Days If LESS than 1 day,h	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF OEATH and releted causes of Importance
0 0 or min.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Still form
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this preparation (month and	- Jacob III
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (yeers) this occupation (month and	
year) occupation	Other Contributary Causes of Importance:
2. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Harfaer E. Govelnance	
14. BIRTHPLACE (city/or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME allume m Srivell	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Settlerine M Srevell 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Mary land	Where did Injury occur?(Specify city or town, county and State)
7. INFORMANT CELLY COLOR STEELS COLOR (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Rocky Ridge Date / Uh , 3.193	Nature of injury
19. UNDERTAKER Matchiagy of the (Address) Through the	24. Was disease or injury in any way related to occupation of deceased? 720

CEDTICICATE OF DEATH

CTATE OF MADVIAND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gostroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of cpilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

should

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

H	Example I		Example II	
The principal cause of de of importance were as follows		.Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AFR LE MARC	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	The property of			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

33. Hoadges

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory, "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive tities, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" where a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact or pation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUR.E.A			
		→	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis 74	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

	-WRITE PLAINLY, W. H UNFADING INK-THIS IS A PERMANENT CORD. Every item of infor-	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
S BINDING	PERMANENT SCO.	d EXACTLY. PH	erly classified. Exact	icate.
MARGIN RESERVED FOR BINDING	INK-THIS IS A	iE should be state	let it may be prop	is on back of certifi
MARGIN F	W H UNFADING	fully supplied. AC	a plain terms, so th	nt. See instruction
0.1	-WRITE PLAINLY,	mation should be care	CAUSE OF DEATH in	TION is very important. See instructions on back of certificate.

N. B.-WRITI V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Traderick	Registration Dist. No. 144
Village or City Lewistown	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of cesidence in city or fown where deeth occurredysmos.	
2. FULL NAME Dely Nachter	
(a) Residence: No.	_St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS I. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male Johnto Single, Marked, Widowed, OR DIVORCED (write the word)	21. DATE OF DEATH March 26, 193.3 (Month) (Dev) (Yeer)
a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
DATE OF BIRTH (month, day, and year) MA4 = 9 6 - 1933	I last saw h elive on, 19, 19; deeth is said
DATE OF BIRTH (month, day, and year) / 100 - 20 - 1933 AAGE Years Months Days If LESS than	to heve occurred on the dete stated above, et
5 mos in intero or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 8-Trede, profession, or particular	Were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Still-from
Industry or business in which work was done, es SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month end yeer) occupation	
ma 1	Other Contributory Causes of importance:
(2. BIRTHPLACE (city or fown) / Mary faced (State or country)	
13. NAME Leslie D. Hackter	
14. BIRTHPLACE (city or fown) Mary Land	Name of a continu
(Steta or country)	Nama of operation Dafa of What fest confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Margaret E. Carmewerk.	23. If death was dua to external ceuses (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Mary Land	Accident, sulcide, or homicide? Dafe of injury 19
(State or country)	Where did Injury occur?
7. INFORMANT Listin D. Marchited	(Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Of reducer, ## 3	Married 4
Placharlesvill Defe Mily 28, 1933	Manner of injury
19. UNDERTAKEN & GREAGE HON	24. Was diseasa ar injury in any wey related to occupetion of deceased?
(Address) Marshowh Md	If so, specify
20. FILEO Masch 27 ., 1933 Finne M. Jones. Registrar.	(Signed) 13 Epla II. IIII M. D. (Address) Walkersville Mid.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Atlack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02960
1. PLACE OF DEATH	35
County CT TE COUNTY SANATOI	Registration Dist. No. 1 3 7
Village or City	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Quantitus M	Interest of the second
(a) Residence: No. (Usual place of abode)	eschamules co. md.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL: CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March 24 100 3
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year) 22. LHEREBY CERTIFY. That Lattended deceased from
tor) WIFE of Lena Welch	1 HEREBY CERTIFY, That I attended deceased from 1932 to March 24, 19.33
6. DATE OF BIRTH (month, day, and year) July 23.1881	I last saw have alive on March 24, 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	were as follows: Date of onset
Windustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Pulmonary / well-cutorio
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation declaration	
12. BIRTHPLACE (city or town) Waryland (State or country)	Other Contributory Causes of importanca:
13. NAME Richard B. Welch	
14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation
15. MAIDEN NAME Mary C. Mattingly	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Wary and . Citata or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Quigutius M. Welch Conduission	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placed a Platta M. Date Lindenstry	Manner of injury
19. UNDERTAKEN L. Creager,	24. Was disease or injury in any way related to occupation of deceased?
(Addugs) Turmoff Md.	(Signed) State Sangtonin M. D.
Alegoriar.	The state of the s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AFR A 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	44.0		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

The period in control of the second set of the second second set of the second second second set of the second	STATE OF MARYLAND—	CERTIFICATE OF DEATH 02961
Village or City (H deal) occurred in a bogisted or institution, give in NAME inseed of street and number) Length of residence in city or town where death occurred in a bogisted or institution, give in NAME inseed of street and number) A Period of Section of Sec	1. PLACE OF DEATH	92-0
Cit death occurred in a hospital or institution, give its NAME interest of street and number) (It death occurred in a hospital or institution, give its NAME interest of such as the street of the st	County County	PRIN GERPERATE LIWITE OF Registration Dist. No.
Length of residence in city or town where death occurrated stays	Village or City Comments of the Comments of th	No. St., Ward
(a) Residence: No. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED Control by world) 3. HI surried, widelyed, or divorced (re) Wife of Color of Color of Wife of Color of Wife of Color of Color of Color of Wife of Color of		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (serie-tha word) OR DIVORCED	2. FULL NAME Common Eliansbeth 1	Oheto.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORED Grirch word OR DI		
21. DATE OF DEATH 22. If HE R BY C B R T I FY. That I attended deceased from the same of		
OR DIVORCED Contriction word) So. If married, wildgreed, or divorced HUSBANG, wildgreed, or d		
HUSSAND-OF (or) WIFE of Convince of Convin	Jemale Bloes (Marie the word)	Mayles 26 193 3
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 11 LESS than 11 day	HUSBAND-67	22 I HEDERY CERTIEV That I attended deceased from
T. AGE Years Months Days If LESS than I day,	(or) WIFE of Joseph S', White	Much 18, 1983, to Much 23, 19.33
8. Trade, profession, or particular kind of work done, as SPINNER; SAVER, BOOK KEFER, etc. 10. Delta deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Data MAN Data MAN A Data MAN Manner of Injury Name of injury Name of injury Specify whether-injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) M. D. M	6. DATE OF BIRTH (month, day, and year) Left 17-1885	I last saw h_Q alive on
8. Trade, profession, or particular liched of work done, as SPINNER; 9. Industry or business in which saw with a data at spent in this occupation month and year) 10-Data deceased last worked at spent in this occupation month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, GREMATION, OR REMOVAL Place Date of Injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Date of Injury (Signed) Manner of Injury Nature of Injury (Signed) M. D.		
Sirade, profession, or particular skind of work dona, as SPINRER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business of importance: 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Stata or country) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 10. UNDERTAKER (Address)		ware or follows:
Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? Was there an autopsyld 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? Was there an autopsyld Accident, suicide, or homicide? Date of injury (Stata or country) Where §id injury occurr? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER (Address) 19. (Signed) Manner of Injury (Signed) M. D.	8. Trade, profession, or particular kind of work dona, as SPINNER, Asharis Wife SAWYER, BOOKKEEPER, etc.	co mital Anoust riences makes
Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? Was there an autopsyld 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? Was there an autopsyld Accident, suicide, or homicide? Date of injury (Stata or country) Where §id injury occurr? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER (Address) 19. (Signed) Manner of Injury (Signed) M. D.	9. Industry or business in which work was done, as SILK MILL.	
Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? Was there an autopsyld 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? Was there an autopsyld Accident, suicide, or homicide? Date of injury (Stata or country) Where §id injury occurr? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER (Address) 19. (Signed) Manner of Injury (Signed) M. D.	SAW MILL, BANK, etc.	1 4 acust Museuclus lupar
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURILLA, CREMATION, OR REMOVAL Place Place Data Da	apoint in this	
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date of Date of What test confirmed diagnosis? Was there an autopsyld Accident, suicide, or homicite? Date of injury Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 20. FILED. Man 29., 1933 Mo. N. S. Audelen M. D.	12 DIDTUDI ACE (city or town) I red energy Comit	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy? —— Was there an autopsy? —— Was there an autopsy? —— 23. If death was due to external causes (VIOLENE) fill In also tha following: Accident, suicide, or homicide? ————————————————————————————————————		lours Camplin / Whatin who
What test confirmed diagnosis? Was there an autopsy? —— Was there an autopsy? —— Was there an autopsy? —— 23. If death was due to external causes (VIOLENE) fill In also tha following: Accident, suicide, or homicide? ————————————————————————————————————	13. NAME Jamas H. Hrians	The state of the s
What test confirmed diagnosis? Was there an autopsy? —— Was there an autopsy? —— Was there an autopsy? —— 23. If death was due to external causes (VIOLENE) fill In also tha following: Accident, suicide, or homicide? ————————————————————————————————————	I 14 RIRTHPLACE (city or town) Auderean Course	Name of operation.
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Date Manner of Injury Nature of injury 19. UNDERTAKER (Address) 20. FILED MAN 29, 1933 MAN. N. S. Address 23. If death was due to external causes (VIOLENSE) fill In also tha following: Accident, suicide, or homicide? Where did injury occur? (Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER (Address) (Signed) M. D. (Signed)	(Stata or country)	MA MARIE MA
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Placa Data Data Placa 24. Was disease prinjury in any way ralated to occupation of deceased and the second of	15. MAIDEN NAME My Clas . Handy	23. If death was due to external causes (VIOLEN E) fill In also tha following:
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Placa Data Data Placa 24. Was disease prinjury in any way ralated to occupation of deceased and the second of	0 16. BIRTHPLACE (city or town) The devel County	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Placa Data Manner of Injury Nature of injury 19. UNDERTAKER (Address) 20. FILED MAN. P. S. Specify (Signed) (Signed) Manner of Injury Nature of injury (Signed) Manner of Injury Nature of injury (Signed) Manner of Injury Nature of injury (Signed) M. D.	E (Stata or country) Theory Coroll.	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Data March 193 = Nature of Injury Nature of Injury Nature of Injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way ralated to occupation of deceased 100 If so, specify (Signed) Manner of Injury Nature of Injury Natu		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place 2 Data M VCh 1/19 3 Nature of injury 19. UNDERTAKER (Address) 20. FILED MAS 29, 1933 Ms. N. S. A. S.		Manner of Injury
19. UNDERTAKER (Address) 24. Was disease or injury in any way ralated to occupation of deceased 200 (Address) 20. FILED MAN 29, 1933 MMS. N. S. A.	Place The Date March 2/1933	
20. FILED MAS 29, 1933 Mrs. A & Audique (Signed) & Allelle O MAN M. D.		24. Was disease or injury in any way ralated to occupation of deceased.
Kegytrar. (Abdress)	20, FILED. Mar. 29, 1933 Mys. H. S. Ardelis	(Signed M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		A A TOTAL STATE OF THE STATE OF

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURTATIVS	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex A UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, W. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	06302
County Frederick	Registration Dist. No. 13/
Village or city Gellow Springs	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Walter & White.	100.000 0000 0000 00000 00000 00000 000000
1/ 10 0/ 1	OL WAR
(a) Residence: No. Sellow Springs (Usual place of plade)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Hoarvied	21. DATE OF DEATH Moan 14, 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (er) WHEL of Carrie & Mainhart	22. MIHEREBY CERTIFY, That I attended deceased from 1923, to March 144, 1933
6. DATE OF BIRTH (month, day, and year) May 14 1879	I last saw ham alive on March 14 07 , 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 10-36 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Suefuly Fromman.	Date of one of 3/13/3
kind of work done, as SPINNER Suefuly From an SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as StLK MILL, Glectric Railway SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (months and spent in this spent	
10. Date deceased last worked at this occupation (month and 1935) 11. Total time (years) spant in this occupation occupation	
12. BIRTHPLACE (city or town) Frederick loo (State or country) Marriland	Other Contributory Causes of Importance:
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	yes we.
(State or country) Maryeland	Name of operation Date of
15. MAIDEN NAME Colored Strettrage	What test confirmed diagnosis? Was there an autopsy?#17.2
15. MAIDEN NAME Clarad Hotocom 16. BIRTHPLACE (city or town) Tockerich Co (State or country) Maary Pand	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mars. Carrie & White (Address) Gellow Shownas.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURJAL, CREMATION, OR REMOVAL Place Hot Olivet Comercate Mar 17, 1953	Manner of Injury
19. UNDERTAKER Thomas J. Bice (Address) Frederick Mod.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 7- Web , 1933 America	(Signed) My sols 4 Loccesso M. D. (Address) Ingline 1 mg.
If more blanks are needed, address State Registrar.	2411 N. Charles Street. Baltimore. Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	onset The principal cause of death and related causes of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
	1				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Baurne.

-WRITE PLAKEN, WITH UNFADING INK-THIS IS A PERMANENT KECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. (1

1. PLACE OF DEATH County. Registration Dist. No	STATE OF MARYLAND—	CERTIFICATE OF DEATH (12963	
Village or City() ARYLAND. TUBERCULOSIS. SANATULA. No. Langth of residence in city of shortwhere fauth Scalings () PUVM. Langth of residence in city of shortwhere fauth Scalings () PUVM. 2. FULL NAME (a) Residence: No. 7 3 9 (Cusal piece of shorts) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 6. SINCE, MARRIED, WIDOWED ON BY ORCER (wave the word) OR BY ORCER (wave the word) ORCER (wave the wor	1. PLACE OF DEATH	28	
Langth of residence in city optionships death sociality (1974). The control is a horsisted crimitation, give in NAME instead of series and number) of the control of the co	County Chedrick	Registration Dist. No. J 3 9	
Langth of residence in ety of Experimental death account of the Country of the Co		No. St., Ward	
2. FULL NAME (a) Residence: No. 7 3 9	Langth of residence in city or town where death occurred RIL yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number)	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (*grinc the word) Or	2. FULL NAME Clarence I	york at	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the worth) OR DIVORCED (write the property of two and State of the worth) OR DIVORCED (write the property of two and State of the worth) OR DIVORCED (write the property of two and State of the worth) OR DIVORCED (write the property of two and State of the worth) OR DIVORCED (write the property of tworth) OR DIVOR	(a) Residence: No. 7 3 9 N. Fulton	Pave Ward Ballo md	
3. SEX 4. COLOR OR RACE NO PROPORED ON DEVORCE OF Course the world Sa. If married, widowed, or divorced or divorce		If nonresident give city or town and State	
So. II married, vidowed, or divorced HUSAND (Month) (Month) (Opt) 3 198 (Ver) So. II married, vidowed, or divorced HUSAND (Month) (Month) (Month) (Opt) 3 198 (Ver) So. DATE OF BIRTH (month, day, and year) (Month) (Mo	la come	MEDICAL CERTIFICATE OF DEATH	
Sa. Date of Birth (month, day, and year) 8. Trade, profession or particular and the same of the same	OR DIVORCED (write the word)	March 3 (198 3)	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1 It LESS than 1 day, min. Sind of work done, as SPINNED SAVER BOOKEERER, etc. 1 It of work done, as SPINNED SAVER BOOKEERER, etc. 1 It of work was done, as SIK MILL, SAW MILL, BARK, etc. 1 Do Date docased last worked at spinned worked at this occupation (month and spinned worked at this occupation) 12. BIRTHPLACE (city or town) Was also as SIK MILL, BIRTHPLACE (city or town) Was also as SIK MILL, Saw h. Am alive on. Mac Ch. 3 1, 19. 3.3 The PRINCIPAL CAUSE OF DEATH and related causes of importance are follows: Was a follows: Other Coutributery Causes of importance: Was a follows: Was a follows: It is manufactured to the date stated above, at 1. 30 1. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance are follows: Was a follows: Other Coutributery Causes of importance: Was docased last worked at the spinned diagnosis? Was docased last worked at the spinned of the date stated above, at 1. 30 1. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance are follows: Was occurred on the date stated above, at 1. 30 1. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance are follows: Was occurred on the date stated above, at 1. 30 1. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance are follows: Was occurred on the date stated above, at 1. 30 1. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance are follows: Was occurred on the date stated above, at 1. 30 1. m. The PRINCIPAL CAUSE OF DEATH and related causes of limportance are follows: Was occurred on the date stated above, at 1. 30 1. m. The PRINCIPAL CAUSE OF DEATH and related causes of limportance are follows: Was occurred on the date stated above, at 1. 30 1. m. The PRINCIPAL CAUSE OF DEATH and related causes of limportance are follows: Was discass of importanc	HUSBAND of	(month) (bay) (tear)	
T. AGE Years Months Days If LESS than 1 day,	myra york	22. I HEREBY CERTIFY, That t attended daceased from	
T. AGE Years Months Days If LESS than 1 day,	6. DATE OF RIRTH (month day and year) 20 1xt 2 3 1899	Hast saw h Ama alive on Mar Cla 31 1733	
8. Trade, profession, or particular kind of work done, as SPINNERS autour Secretary Surveys done, as SPINNERS autour Secretary Surveys done, as SPINNERS and the secretary Surveys done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the secretary spinners in this secretary). Say MILL, BANK, etc. 11. BIRTHPLACE (city or town) worth Cooperation with the secretary occupation (month and spinners). Surveys and surveys the secretary occupation (state or country). What the secretary spinners are surveys to the secretary occupation of decased and surveys the secretary occupation of decased? Where did injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 3 and the secretary of surveys of		0'218	
B. Trade, profession, or particular stands of wind from as SPINNER and the stands of the stands		The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
3. Industry or business in which work was done, as SILK MILL, SAM MILL, BAKK, etc. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL CREMATION, OR REMOVAL JULIAL CALLER (Address) 19. UNDERTAKER (Address) 10. Address 11. Total time (years) spant in this occupation occupation in this occupation Other Coutributery Causes of importance: 10. Under Coutributery Causes of importance: 11. Total time (years) spant in this occupation Other Coutributery Causes of importance: 12. BIRTHPLACE (city or town) (State or country) Name of operation. Wheatest confidence diagnosis (VID LENCE) fiftin also the following: Accident, suicide, or homicide? Date injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address)	8. Trade, profession, or particular P. Tan	Date of onset	
12. BIRTHPLACE (city or town) North Carolina (State or country) 13. NAME Trank L. York 14. BIRTHPLACE (city or town) North Carolina (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Morth Carolina (State or country) 17. INFORMANT Clarence L. York (Address) 39 M. Foultre M. Ralland (Salte or country) 18. BURJAL CREMATION, OR REMOVALY LES Charel Ceretary (Address) 39 M. Registrar. 19. UNDERTAKER (Address) 39 M. Registrar. 19. UNDERTAKER (Address) 39 M. Registrar. 11. Specify of town, country and State) (Signed) Selectory in any way related to occupation of decased? W. M. D. (Registrar. (Address) Age (Address) M. D.		Julmonary Luberculors	
12. BIRTHPLACE (city or town) North Carolina (State or country) 13. NAME Trank L. York 14. BIRTHPLACE (city or town) North Carolina (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Morth Carolina (State or country) 17. INFORMANT Clarence L. York (Address) 39 M. Foultre M. Ralland (Salte or country) 18. BURJAL CREMATION, OR REMOVALY LES Charel Ceretary (Address) 39 M. Registrar. 19. UNDERTAKER (Address) 39 M. Registrar. 19. UNDERTAKER (Address) 39 M. Registrar. 11. Specify of town, country and State) (Signed) Selectory in any way related to occupation of decased? W. M. D. (Registrar. (Address) Age (Address) M. D.	work was done, as SILK MILL,		
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT Clarence 18. BURJAL, CREMATION, OR REMOVAL I Les Charal Cemeters 18. BURJAL, CREMATION, OR REMOVAL I Les Charal Cemeters 18. UNDERTAKER 19. UNDERTAK			
13. NAME Crank L. York 14. BIRTHPLACE (city or town) York Corolina Name of operation. What test continued diagnosis?	Varate Caral		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT Clarence 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 18. Date 18		The Annie	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT Clarence 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 18. Date 18	13. NAME CARAME L. WYOR	moculous resungeles	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT Clarence 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 18. Date 18	E 14 PIRTURI ACE CITA MAN MAN TAN CAPACITA C	worl	
15. MAIDEN NAME 16. BIRTHPLACE (city or town). North Curvey 17. INFORMANT Clarence L. York. (Address) 739 N. Fullow & Balta Ma 18. BURIAL, CREMATION, OR REMOVALY less charal curvey (Address) 739 N. Browns & Manner of injury (Address) 739 N. Browns & Manner of injury (Address) 739 N. Browns & Manner of injury 19. UNDERTAKER ROUT. Browns & Manner of injury (Address) 739 N. Browns & Manner of injury 19. UNDERTAKER ROUT. Browns & Manner of injury (Address) 739 M. Browns & Manner of injury (Signed) Survey & Manner of Manner of Manner of Injury (Signed) Survey & Manner of	(State or country)	wast vand Par Stutum	
Where did injury occur? 17. INFORMANT Clarence L-York. (Address) 739 N. Fulton M. Balto Md 18. BURIAL, CREMATION, OR REMOVALY iles charal cemeters (Prace Address) 19. UNDERTAKER ROUT. Brooks Towns Manner of injury (Address) 20. FILED 339 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of decaased? Mo (Signed) Slewart S. Shafter (Signed) Slewart S. Shafter (Address) Late Sanatorum Md	15. MAIDEN NAME I da Vork		
Where did injury occur? 17. INFORMANT Clarence L-York. (Address) 739 N. Fulton M. Balto Md 18. BURIAL, CREMATION, OR REMOVALY iles charal cemeters (Prace Address) 19. UNDERTAKER ROUT. Brooks Towns Manner of injury (Address) 20. FILED 339 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of decaased? Mo (Signed) Slewart S. Shafter (Signed) Slewart S. Shafter (Address) Late Sanatorum Md	5 16. BIRTHPLACE (city or town) Worth Curolina		
18. BURIAL, CREMATION, OR REMOVALLY LLES Charel Certeters (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 20. FILED (Address) 17. TOURS (Address) 18. BURIAL, CREMATION, OR REMOVALLY LLES Charel Certeters (Address) 19. UNDERTAKER (Address) (Signed) (Signed) (Address)	(State or country)	Where did injury occur?	
Phace adolph Co. N.C. Date Manner of Injury 19. UNDERTAKER ROUT. Brougs to Some Control of Control	(Address) 739 N. Foulton St. Ballo Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
19. UNDERTAKER ROUT. Brought for 24. Was disease or injury in any way related to occupation of decaased? With the control of the company of t	B. andolph. Go.		
20. FILED 3/3(/3.39) (Signed) Slewart S. Shaffer M. D. Registrar. (Address) Late Lagratorum Md.		24. Was disease or injury in any way related to occupation of decaased?	
	20. FILED. 3/3(-/3-39.	(Signed) Aleward & Maffe.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
	source of the second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year